

P.O. Box 24
Keswick, Virginia 22947

REPORT OF A CHILD'S PHYSICAL EXAMINATION

CORE STANDARDS FOR INTERDEPARTMENTAL LICENSURE OR CERTIFICATION OF CHILDREN'S RESIDENTIAL FACILITIES REQUIRE THE FOLLOWING INFORMATION:

Within ninety (90) days before or no later than seven (7) days following admission, except in the case of emergency placement within thirty (30) days after, placement in the facility, and annually thereafter, each child shall have a physical examination by licensed medical personnel and the report shall be signed by a licensed physician, the physician's designee, or an official of a local health department.

NAME OF FACILITY Little Keswick School NAME OF CHILD
DATE OF EXAMINATION DATE OF BIRTH

Table with 7 columns: IMMUNIZATION RECORD (Enter dates), None, 1, 2, 3, 4, Unknown. Rows include Oral Polio, Diphtheria-Pertussis & Tetanus (DPT), Red Measles (10 day or Rubeola), Rubella (3 day or German Measles), Mumps, Hepatitis B.

TUBERCULIN SCREENING: Within thirty (30) days before or no later than seven (7) days following admission Tuberculin Screening must be done and annually thereafter.

Skin Test (STU PPD) Positive: Negative: Date of examination:
Chest X-Ray (if applicable) No evidence of TB: TB to be ruled out:
Date of X-Ray: Preventive Drug Therapy Recommended: Yes No
This child appears to be free from communicable disease: Yes No

NORMAL EVALUATION? YES NO (If "NO", describe any abnormal or chronic conditions or any allergies or handicaps the child has):

NUTRITIONAL REQUIREMENTS (including special diet, if any).

HEARING: R L HT. WT.

VISION: w/o glasses: R-20/ L-20/ w/ glasses: R-20/ L-20/

COLOR DISCRIMINATION:

URINALYSIS: HEMOGLOBIN: BP:

Is there any recommendation as to permitted or restricted activities for this child? Yes No (If "Yes," describe):

Are there any recommendations as to future care, further tests or examinations, treatment(s) and immunization? Yes No

(If "Yes", describe):

OTHER REMARKS/RECOMMENDATIONS:

Signed:

Address:

Telephone Number: