

COMPLETE EITHER PART I OR PART II

PART I.

FOSTER CHILD MEDICAL REPORT

Medical, Dental, Optical appointments other than complete physical examination.

CHILD'S NAME: _____

BIRTHDATE: _____ DATE OF EXAM: _____

HEALTH PROVIDER'S GENERAL DIAGNOSIS: _____

HEALTH PROVIDER'S RECOMMENDED TREATMENT: _____

IMMUNIZATIONS GIVEN THIS EXAM:

TETANUS, DIPHTHERIA	DPT	POLIO	RUBEOLA
RUBELLA	MUMPS	TB TINE	OTHER

HEALTH PROVIDER'S SIGNATURE

ADDRESS

TELEPHONE

PART II.

FOSTER CHILD'S PHYSICAL EXAMINATION

CHILD'S NAME: _____

BIRTHDATE: _____ DATE OF EXAM: _____

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____

PLEASE CIRCLE:

CODE: N - NORMAL
A - ABNORMAL
PRES - PRESENT
ENG - ENLARGED
ABS - ABSENT

ABDOMEN

LIVER N ENG
SPLEEN N ENG
MASS PRES ABS

GENITALIA - MALES

TESTES ABS UNDEV
PENIS CIRC NOT CIRC
SCROTUM N A
PUBIC HAIR PRES ABS

FEMALE

MENSES STARTED DATE: _____
REGULARITY REG IRR
PUBIC HAIR PRES ABS
BREASTS ING PTRD

GENERAL APPEARANCE

BODY SHAPE N A
PROPORTION N A
ACTIVITY N A
GAIT POSTURE N A

HEAD

CIRCUMFERENCE N A
FONTANELLA N A

EYES

CORNEA N A
RETINA N A
IRIS N A
FUNDI OR RED REFLEX N A
PUPILS-REACTION TO LIGHT N A
FOLLOWS LIGHT OR OBJECT N A
CONJUNCTIVA N A
STRABISMUS PRES ABS

SKIN

RASH PRES ABS
BIRTHMARK PRES ABS

NECK

ADENOPATHY PRES ABS
THYROID N A
ARULLA N A
MOBILITY N A

EARS

TYMPANIC MEMBRANES N A
EAR CANAL N A

EXTREMITIES

STRENGTH & MOBILITY N A
FEMORAL PULSE N A
HIPS ABDUCTION &
ORTOLANI MANUVER N A
SUSPECTED HIP PROBLEM N A

NOSE

EXUDATE N PRES
TURBINATES N A

MOUTH

PALATE N A
PHARYNX N A
TEETH N A
GUMS AND ORAL MEMBRANES N A

BACK & SPINE

SCOLIOSIS WHEN
OBSERVED IN FLEXION N A

NEUROLOGICAL SYSTEM

SEIZURE ACTIVITY N A

HEART

RHYTHM N A
SIGNIFICANT MURMUR PRES ABS
TONE RATE CHEST N A

FINE CONDITION

BALANCE ON EACH FOOT N A
EXTEND ARMS & HANDS
WITHOUT CHOREIFORM N A
MUSCLE TONE & STRENGTH N A

LUNGS-CHEST

BREATH SOUNDS N A
AUXILIARY HAIR N A
AUSCULTATION OF LUNGS N A
RALES PRES ABS

VOCALIZATION & SPEECH

N A

IMMUNIZATIONS

SEE PART I