

PHYSICAL EXAMINATION

(To be completed by Physician)

PLEASE RETURN THIS FORM WITH TEST RESULTS PRIOR TO ENROLLMENT OF YOUR CHILD AT MOUNTAIN MEADOW YOUTH RANCH.

Please make specific entries regarding any abnormal/positive physical findings. Otherwise indicate normal physical findings with a check mark. Thank you.

Student Name _____ Date of Last Exam

Birthdate _____ Height _____ Weight

Exam Date _____ Integument _____ Head

Eyes: Glasses/Contacts _____ Vision: R _____ L

Ears _____ Whisper hearing test

Nose/Throat

Neck/Lymph

Chest

Heart

Abdomen

Genitalia/Hernia

Neurological

Musculoskeletal

Scoliosis

Pelvic

and/or

Breast

Exam

Significant findings/recommendations:

(P5)1

Is there any physical impairment which would limit the student's ability to participate in the activities at Mountain Meadow Youth Ranch?

Please list all current medical problems which are now under treatment. Include all medications being taken and the dosage.

Please list any allergies the student has experienced, as well as reactions and/or medications.

Required laboratory tests and immunizations (please attach results).

1. Urinalysis
2. CBC with Differential
3. Glucose
4. VDRL
5. Viral Hepatitis Screen (A & B)
6. HIV Test (If sexually active)
7. Tuberculosis Skin Test (Date & Result) *
8. Tetanus (Within Past 5 Years)
9. Gonorrhea (If indicated)

*If patient has positive PPD please indicate date/result of chest x-ray.

Physician's

signature

Address _____

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Telephone (____) _____

Date

(P5) 2