

Luzerne County Children and Youth Services

Physical Examination Form – Medical History

Medical appointments should be done within 30 days of placement.
Birth through 6 months appt. every 6 weeks 7 months through 23 months appt. every 3 months
23 months and older appt. every year

Print Child's Name	Sex	Date of Birth	Date of Visit
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Past Medical History _____

Family History _____

Present Problems (if any) _____

History of Problem _____

Height _____	Weight _____
Pulse _____	Blood Pressure _____
Visual Acuity _____	Hearing _____
Eyes _____	Ears _____
Nose _____	Throat _____
Lymphatic _____	Chest _____
Heart _____	Abdomen _____
Breasts _____	Extremities _____
Neuro _____	Anus (rectal) _____
Urinalysis _____	Genitals _____
	(pelvic and Pap if sexually active) _____

Is child free from any communicable diseases? If not, explain:

EPSDT Screening Completed: Yes No Date: _____

Review of Systems

HEENT _____

Cardiovascular _____

Respiratory _____

Gastrointestinal _____

Musculoskeletal _____

Dermatologic _____

Allergic _____

Neurological (Psych.) _____

IMMUNIZATION RECORD	DATE	IMMUNIZATION RECORD	DATE
DPT	#1	Hib	
	#2	Hib	
{ Diphtheria	#3	Hib	
{ Pertussis	BOOSTER	(Hib)	
{ Tetanus	BOOSTER		
	#1	Varicella	
Oral Polio	#2	(Varicella)	
Vaccine	#3		
Trivalent	BOOSTER		
	BOOSTER		
Tetanus-Diphtheria (Td)		Other	
M M R			
Hepatitis B			
Hepatitis B			
Hepatitis B			

Print Physician's Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____