David & Margaret
Youth and Family Services
Foster Care and Adoption Services
1350 Third Street, La Verne, CA 91750
(909) 593-0089, **fax (909) 596-7583**

REPORT OF PHYSICAL EXAMINATION FOR CHILD IN FOSTER CARE

CHILD'S NAME (LAST)	(FIRST)	(MI)	MEDI-CAL I.D. NUMBER

CHILD'S BIRTHDATE	DATE OF EXAM	SEX	AMBULATORY	Hct / Hgb	HEIGHT	WEIGHT
		☐ M ☐ F	☐ Y ☐ N			

Reason for Visit:

- ☐ Initial CHDP/CHDP-equivalent examination
- ☐ Annual/age-appropriate CHDP/CHDP-equivalent examination
- ☐ Other/Follow-up visit (Specify):

TB TEST (Please be sure that each child has an annual TB test)

☐ PPD-Mantoux ☐ Other:_____	Date Given:	Date Read:

RESULTS OF PHYSICAL EXAMINATION

	Normal	Abnormal	Not Given
Developmental History	☐	☐	☐
Physical Examination	☐	☐	☐
Dental Assessment	☐	☐	☐
Nutrition Evaluation	☐	☐	☐
Vision Screening	☐	☐	☐
Audiometric Screening	☐	☐	☐
Hematocrit / Hemoglobin	☐	☐	☐
Urinalysis	☐	☐	☐
Blood Pressure	☐	☐	☐
Other: _____	☐	☐	☐

IMMUNIZATIONS GIVEN

VACCINE	NO.	TYPE	UP TO DATE
POLIO			Y / N
DtaP / Ddap			Y / N
PCV			Y / N
HIB			Y / N
MMR			Y / N
HEP A			Y / N
HEP B			Y / N
VARICELLA			Y / N
Other:			
Other:			

STANDING OVER-THE-COUNTER MEDICATION ORDER

IMPORTANT: The following over-the-counter medications may be given to the above named child on an "as needed" (PRN) basis according to the child's age and this signed **Standing Medication Order** to ensure optimal health of the child. The child's physician must always be notified if the child is sick or experiences persisting symptoms.

- ☐ Children's Tylenol/Acetaminophen
- ☐ Decongestants/Antihistamines
- ☐ Cough Medicine (i.e. Robitussin, Dimetapp)
- ☐ Children's Mylanta/Maalox
- ☐ Midol
- ☐ OTHER (Specify):

COMMENTS & FOLLOW UP

Please include diagnosis, prescribed medications, treatment recommendations / instructions and follow-up. Please write legibly and feel free to attach any supporting documents.

PLEASE AFFIX OFFICE STAMP HERE AND PHYSICIAN SIGNATURE BELOW
(please include doctors name, address and phone number)

X _____

COUNTY SOCIAL WORKER _____ PHONE NUMBER _____

D&M SOCIAL WORKER _____ PHONE NUMBER _____

EXTENSION _____