



The Children's Aid Home Programs
of Somerset County, Inc.

PHYSICIAN REPORT

Name: _____

Temp _____, Pulse _____, Resp. Rate _____

Blood Pressure _____, Height _____, Weight _____

Visual Acuity: Far (L) 20/____ (R) 20/____ With/Without glasses
Near (L) 20/____ (R) 20/____ With/Without glasses

Hearing Screen: (L) _____ (R) _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
General Appearance	_____	_____	
SKIN	_____	_____	
HEAD	_____	_____	
EARS	_____	_____	
EYES	_____	_____	
NOSE	_____	_____	
MOUTH	_____	_____	
DENTAL	_____	_____	
NECK(Thyroid)	_____	_____	
CHEST(Breasts)	_____	_____	
HEART	_____	_____	
LUNGS	_____	_____	
ABDOMEN	_____	_____	
GENITALIA	_____	_____	
EXTREMITIES	_____	_____	
SPINE	_____	_____	
LYMPH NODES	_____	_____	
SPEECH	_____	_____	
HEARING	_____	_____	
NEUROLOGICAL	_____	_____	
MENTAL STATUS	_____	_____	
SEXUAL MATURATION	_____	_____	

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
FINE MOTOR SKILLS	_____	_____	
GROSS MOTOR SKILLS	_____	_____	
Immunization Status: DPT _____ Measles _____ Mumps _____ Tetanus _____ Tine(TB)			

TESTS

RESULTS

1. Urine Test

2. Blood Test (CBC and Blood Lead Level Assessment for children 5 years of age and under)

3. Sickle Cell Screen Test

GENERAL IMPRESSIONS / RECOMMENDATION:

Date Examined: _____

Physician's Signature