**ANNUAL MEDICAL EXAMINATION FORM**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL EXAM:**

Date of Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_ Weight (optional): \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Temperature:\_\_\_\_\_\_\_ Pulse: \_\_\_\_\_\_\_\_ Blood Pressure: \_\_\_\_\_\_ / \_\_\_\_\_\_\_

VISION: NORMAL ABNORMAL HEARING: NORMAL ABNORMAL

**TUBERCULIN TESTING:**

|  |
| --- |
| **TUBERCULIN TESTING (check one)** |
|   | SKIN TEST: PPD  |
|   | BLOOD TEST: QUANTEFERON GOLD |

|  |  |
| --- | --- |
| Date Tested  | Date Interpreted  |
| Result (circle one) | Positive Negative  |

All positive tuberculin tests in persons whose previous PPD/Mantoux was negative, require a chest x-ray and medical follow up.

DATE OF POSITIVE PPD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHEST X-RAY DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESULT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MANDATORY AND RECOMMENDED IMMUNIZATIONS:**

|  |  |
| --- | --- |
| **Mandatory (one time only):** | **Date Completed** |
| MMR (Measles, Mumps, Rubella) |  |
| **Recommended Immunizations** | **Date Completed** | **Sign if declined** |
| VARICELLA |  |  |
| DIPHTHERIA/TETANUS/PERTUSSIS |  |  |
| Hepatitis B |  |  |
| Influenza Immunization |  |  |

DO YOU HAVE ANY ALLERGIES? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Based on the health history provided, physical examination and/or laboratory tests performed, this patient is permitted to treat children without restriction.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physician Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 License Number Stamp or print information

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Date Telephone Number