68 Dick Huff Lane, PO Box 7
Verona, VA 24482
Telephone (540) 245-5800
Fax (540) 245-5880

1200 Shenandoah Avenue
Waynesboro, VA 22980
Telephone (540) 942-6646
Fax (540) 942-6658

Shenandoah Valley Social Services

Physical Exam Report

Full Name of child: _____Date of Exam: _____
Child's DOB: _____ **Sex: _____** **Height: _____** **Weight: _____**

Is child allergic to any drugs/ food/environmental? ☐ yes ☐ no If yes specify: _____

Is the child currently taking any medication? ☐ yes ☐ no If yes specify: _____

Current physical condition:	Normal	AB-Normal	Not Done	Describe Abnormality
Vision Screening				
Hearing Screening				
Development Level				
Nutritional status (special diet)				
Musculoskeletal				
Extremities				
Skin (rash, old or recent scars)				
Head/Scalp/Hair				
Eyes, Ears, Throat, Nose				
Mouth/Teeth				
Neck				
Lungs				
Heart				
Abdomen				
Speech / Language Development				

Are Immunizations up to date? (Include record) X yes ☐ no **Immunizations or boosters given today?** ☐ yes ☐ no

Previous Health are issues / Diagnoses from medial chart: (head injuries, accidents, seizures, heart conditions, hospitalization, operations, emotional, and/or chronic conditions): _____
_____

Recommendations / Follow Up Needed: _____
_____

Referrals Made: _____
_____

Health Providers Information:
Practice: _____ Phone Number: _____

Address: _____ Fax Number: _____

_____
Printed name & Title of Licensed Physician or designee

_____ _____
Signature & Title of Licensed Physician or designee **DATE**

"The promotion of self-reliance and protection of citizens through community-based services."