

MEDICAL REPORT OF CHILD IN SUBSTITUTE CARE
To be competed at time of initial placement, and annually thereafter.

Name:		Height:
DOB:	Sex:	Weight:
Date of Examination:		
General Appearance of Child:		
Nutrition:		
Developmental Status:		

A. Head

Eyes	a. Conjunctive	b. Lids	c. Cornea	d. Discharge
Ears	a. Hearing	b. Condition of drums		c. Discharge
Nose				
Mouth	a. Condition of Gums		b. Teeth (according to age)	
Throat	a. Palate	B Speech defect		c. Tonsils

B. Skin C. Neck

1. Subcutaneous tissue	1. Glands
2. Lymph glands	2. Thyroid
3. Scabies, acne, ring work, eczema, etc. (check)	

D. Chest E. Spine

1. Heart	1. Posture
2. Lungs	2. Curves

F. Abdomen:
G. Genitalia:
H. Osseous System:

I. Extremities J. Nervous System



1. Defects	1. Paralysis
2. Reflexes	2. Chorea
3. Etc.	

K. Laboratory tests (when appropriate)

Tuberculosis: Name of Test	Dates & Results
Venereal disease: Name of Test	Dates & Results
Vaginal smear: Name of Test	Dates & Results
Urethral smear: Name of Test	Dates & Results
Urinalysis: Name of Test	Dates & Results

Significant findings and remarks:

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L. Immunizations Given:

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M. General Impressions & Recommendations:

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Signed by Physician:	
Address:	Phone: