

**PICKAWAY COUNTY BOARD OF DD  
PHYSICAL EXAMINATION**

Consumer's Name \_\_\_\_\_ Date of Exam \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Lead \_\_\_\_\_ Hct. \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Temp. \_\_\_\_\_ Pulse \_\_\_\_\_

Resp. \_\_\_\_\_ Allergies \_\_\_\_\_ Specific treatment for allergies: \_\_\_\_\_

Vision Screening (P=Pass F=Fail) Right eye \_\_\_\_\_ Left eye \_\_\_\_\_ Concerns \_\_\_\_\_

Hearing Screening (P=Pass F=Fail) Right ear \_\_\_\_\_ Left ear \_\_\_\_\_ Concerns \_\_\_\_\_

Dental Screening \_\_\_\_\_

Systems Examination		Examined	Not Examined	Comments About Findings
General Appearance				
Nutritional Status				
Posture/Motor Behavior				
Skin				
Head				
Eyes	External			
	Fundi			
Ears	External and Canal			
	Tympanic Membrane			
Nose				
Throat				
Mouth/Teeth				
Neck				
Heart				
Lungs				
Abdomen				
Genitalia (Tanner Stage)				
Bones, Joints, Muscles				
Neurological (Include seizures and type)				
Estimated Developmental Level:	Cognitive Development			
	Speech/Language Development			
	Social/Emotional Development			
	Health Behaviors/Health Habits			
Lifting Restrictions and/or standing limits				

**Summary of abnormal physical findings, if any:** \_\_\_\_\_

**IMMUNIZATIONS**

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP/DTAP/DT					
Pevnar					
Polio (OPV/IPV)					
MMR					
HIB					
Hepatitis B				Dose 1	Dose 2
Varicella			Td (Tetanus)		

I certify that this individual is free from apparent communicable disease and is in suitable condition to attend a preschool/school/ adult program based on his/her medical history and physical condition at the time of this examination.

Physician's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Early Intervention**  
 Ph 740-474-1124  
 Fax 740-474-6405

**Brooks-Yates School**  
 Ph 740-474-1124  
 Fax 740-420-6405

**Service and Support Administration**  
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