



Northern Virginia
Family Service

REPORT OF PHYSICAL EXAMINATION

Please note that all elements on this form must contain an entry per Virginia Department of Social Service Licensing Standards for Child-Placing Agencies.

Name of Child: _____ Date of Birth: _____

Date of Medical Examination: _____

Documentation of Medical Examination (Evaluate each of the following):

1. Growth and Development:

2. Height _____ Weight _____

3. Vision Acuity: R20/_____ L20/_____

4. Auditory Acuity: Right:_____ Left:_____

5. Current Physical Condition:

6. Nutritional Status: _____

7. Allergies, including food and medication:

8. Evidence of freedom from communicable disease including tuberculosis:

9. Chronic Conditions or Disabilities:

10. Immunizations:

Vaccine↓	Age ⇒	Birth – 2 months	2 months	4 months
Hepatitis B - Hep-B				*****
Rotavirus - Rota		*****		
Diphtheria, Tetanus, Pertussis DTP		*****		

Haemophilus influenzae type B Hib	*****		
Pneumococcal – PCV	*****		
Inactivated Poliovirus – IPV	*****		
Influenza	*****	*****	*****
Measles, Mumps, Rubella MMR	*****	*****	*****
Varicella	*****	*****	*****
Hepatitis A - Hep –A	*****	*****	*****
Meningococcal – MCV4	*****	*****	*****

Vaccine↓	Age ⇒	6 months	12 Months	15 Months	18 Months	19 – 23 Months	2-3 years	4-6 years
Hepatitis B - Hep-B							*****	*****
Rotavirus - Rota			*****	*****	*****	*****	*****	*****
Diphtheria, Tetanus, Pertussis DTP			*****			*****	*****	*****
Haemophilus influenzae type B - Hib					*****	*****	*****	*****
Pneumococcal – PCV					*****	*****		
Inactivated Poliovirus – IPV								
Influenza								
Measles, Mumps, Rubella MMR	*****						*****	
Varicella	*****				*****	*****	*****	
Hepatitis A - Hep –A	*****						*****	*****
Meningococcal – MCV4	*****	*****	*****	*****	*****	*****		

Vaccine↓	Age ⇒	7-10 years	11-12 years	13-18 years
Diphtheria, Tetanus, Pertussis Tdap	*****			*****
Human Papillomavirus HPV	*****			*****
Meningococcal MCV4	*****			*****

Signature of Licensed Physician

Date