

**ADMISSION PHYSICAL EXAMINATION RECORD**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies (types) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any surgery, accidents, illnesses or special problems (health history): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any restrictive conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Status of present health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments and Recommendations that may help to understand this child better would be greatly appreciated:

\_\_\_\_\_

\_\_\_\_\_

Date of most recent examination: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(or ARNP or PA)