



## Physical Examination

Date of exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

Are there any abnormalities with any of the following? Please explain below:

- |   |                                 |   |                                 |
|---|---------------------------------|---|---------------------------------|
| <input type="checkbox"/> Heart          | <input type="checkbox"/> Lungs  | <input type="checkbox"/> Gastrointestinal Systems | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Nervous System | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing                  | <input type="checkbox"/> Other  |

Is the patient free from communicable diseases?  Yes  No

*Additional information required for New York State residents:*

PPD Mantoux Skin Test:  Negative  Positive

If positive, chest x-ray is mandated. Chest x-ray results: \_\_\_\_\_

Please list any of the patient's current medical and/or emotional conditions: \_\_\_\_\_

Are there any medical/emotional conditions that would prevent this person from being a capable parent? \_\_\_\_\_

Please list any regularly prescribed medications: \_\_\_\_\_

Does the patient have a normal life expectancy?  Yes  No

If not, please explain: \_\_\_\_\_

## Additional Information Required for Children

Is there any reason why this child's emotional development will be put at risk by the placement of a new child in the home? If yes, please explain below.

Is the child up to date with all of his/her required inoculations?  Yes  No

If not, please list those still required: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Phone

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Physician's Signature\*

*\*Note: Signature indicates permission to share this information with the patient*

Please return to: **Wide Horizons For Children**  
**375 Totten Pond Road, Suite 400,**  
**Waltham, MA 02451**