

Physical Exam Form
Exceptional Family Member Program, Kenner Army Health Clinic

700 24th Street; Fort Gregg-Adams, Virginia 23801; P: 804-734-9130; F: 804-734-9053

Name: _____ DOB: _____ Age: _____ Sex: M F

PART 1: PLEASE ANSWER THE FOLLOWING QUESTIONS BEFORE THE PHYSICAL EXAM

Please circle "Y" if the answer is "YES" and "N" if the answer is "NO" in the spaces below.

- | | | | |
|---|-----|--|-----|
| 1: Allergies requiring shots or is life threatening | Y N | 11: Seizures | Y N |
| 2: Developmental Delays | Y N | 12: Diabetes | Y N |
| 3: Severe asthma requiring daily inhaled steroids | y N | 13: ADHD/ADD managed by Psychiatry | Y N |
| 4: Vision Disorders or Blindness | y N | 14: Autism/Asperger's/PDD | Y N |
| 5: Seizures | y N | 15: Special Education (IEP, IFSP, 504) | Y N |
| 6: Problems Hearing or Deafness | y N | 16: Cancer | Y N |
| 7: Problems with Speech | y N | 17: Abnormal Pap/GYN History | Y N |
| 8: Heart Problems | y N | 18: Ongoing or Chronic Illness | Y N |
| 9: Bleeding Disorders | y N | 19: Thyroid Disease | Y N |
| 10: Counseling or Mental Health Medications in the | y N | 20: Sickle Cell Disease | Y N |

5 years.

List all current medications: _____

Are vaccinations up to date: Y N (Please attach a copy of the latest vaccination records)
If under 18 years of age: Developmentally on target: Y N PPD Results: Negative Positive: ___ induration.

PART 2: Provider Progress Note

Vital Signs: Height: _____ Weight: _____ BP: _____ P: _____ R: _____ T: _____

Subjective:

Head: Normal _____ Abnormal _____	Lungs: Normal _____ Abnormal _____
Eyes: Normal _____ Abnormal _____	Abdomen: Normal _____ Abnormal _____
Ears: Normal _____ Abnormal _____	Genitalia: Normal _____ Abnormal _____
Nose: Normal _____ Abnormal _____	Skin: Normal _____ Abnormal _____
Throat: Normal _____ Abnormal _____	Extremities: Normal _____ Abnormal _____
Neck: Normal _____ Abnormal _____	Neurological: Normal _____ Abnormal _____
Chest: Normal _____ Abnormal _____	

A:

P:

Patient is fit for travel: Yes No

Signed: _____

Date: _____

Office Stamp.