

## Physical Exam Record

Name Javier Diaz  Male  Female Date of Birth: 3-01-99

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Purpose of Visit – *Exam for entry into foster care*

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### Current Health Issues

Y N

- Allergies: Please list: Medications \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_
- Asthma
- Diabetes:  Type I  Type II
- Seizure Disorder \_\_\_\_\_
- Other (*Please Specify*) \_\_\_\_\_

Current Medications none

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### Physical Examination

Height 69" Weight 147 Blood Pressure 118/72

(Check = Normal / IF abnormal, please describe.)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> General     | <input checked="" type="checkbox"/> Abdomen     |
| <input checked="" type="checkbox"/> Skin        | <input checked="" type="checkbox"/> Genitalia   |
| <input checked="" type="checkbox"/> Dental/Oral | <input checked="" type="checkbox"/> Extremities |
| <input checked="" type="checkbox"/> Lungs       | <input checked="" type="checkbox"/> Neurologic  |
| <input checked="" type="checkbox"/> Heart       | <input checked="" type="checkbox"/> Other       |

### Screening

(Pass) (Fail)	(Pass) (Fail)	(Pass) (Fail)
Vision: Right Eye <input checked="" type="checkbox"/> <input type="checkbox"/>	Hearing: Right Ear <input checked="" type="checkbox"/> <input type="checkbox"/>	Posture <input checked="" type="checkbox"/> <input type="checkbox"/>
Left Eye <input checked="" type="checkbox"/> <input type="checkbox"/>	Hearing: Left Ear <input checked="" type="checkbox"/> <input type="checkbox"/>	(Scoliosis/Lordosis)

The entire examination was normal:

*Patient is a 15-year-old male who presents with no health issues. He has a healing contusion of the right eye stemming from the incident that brought him into foster care. Some discoloration remains, but healing is satisfactory. Vision and hearing are normal and require no additional testing. No further medical attention is required at this time.*

Harvey Holt  
Signature of Examiner

10-2-14  
Date

Harvey Holt, M.D.  
Printed Name of Examiner