

## Physical Exam Record

Name Simon Stewart     Male     Female    Date of Birth: 12-10-08

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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 1     Type II
- Seizure Disorder \_\_\_\_\_
- Other (*Please Specify*) \_\_\_\_\_

Current Medications none

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### Physical Examination

Height 52"

Weight 62

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

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

The entire examination was normal:

*Patient is a 9-year-old male who presents with no health issues. Hearing is normal and requires no additional testing. Referral made for further vision screening. No further medical attention is required at this time.*

Harvey Holt  
Signature of Examiner

4-28-16  
Date

Harvey Holt, M.D.  
Printed Name of Examiner