CHC LEARNING CENTER
A Program Of The Center For Handicapped Children, Inc.
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Amherst, New York 14226
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PHYSICAL EXAMINATION FORM

Name: _____ Birthdate: _____ Sex: _____

Address: _____

Diagnosis: _____

General Appearance: _____

Operations: _____

Health Concerns during the past year: _____

Physical Examination, last seen in this office on: _____

Weight: _____
Height: _____
Nutrition: _____
Head: _____
Eyes: _____
Ears: _____
Nose: _____
Throat: _____

Abdomen: _____
Heart: _____
Rate: _____
Murmurs: _____
Lungs: _____
Speech: _____
Orthopedics: _____
Hernias: _____

Medications: _____

Allergies: _____

Childhood Illnesses: Chicken Pox _____ Date: _____ Rubeola: _____ Date: _____
Rubella _____ Date: _____ Mumps: _____ Date: _____
Pertussis: _____ Date: _____

Immunizations	**Dates of Inoculation**				
D.P.T.					
D.T.					
Poliomyelitis TOPV					
Measles (Rubeola)					
Rubella					
Mumps					
TB Test					
HIB					
Hepatitis					
Varivax					

Physician's Signature: _____ Date: _____