

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-68; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

DAY CARE, KINDERGARTEN, GRADE SCHOOL (1-6) EXAM FORM

OTSG APPROVED (Date)
(YYYYMMDD)

Evans Army Community Hospital, Ft. Carson, CO 80913, Ph 719-526-7150/7140

Name _____ Date _____ Age _____

DOES OR HAS YOUR CHILD

- | | YES | NO |
|--------------------------------------------------------------|-------|-------|
| 1. Have any allergies (medicine, bees, etc)?..... | _____ | _____ |
| 2. Take any medications on a regular or daily basis?..... | _____ | _____ |
| 3. Have any problems that require regular medical care?..... | _____ | _____ |
| 4. Had any surgery or operations?..... | _____ | _____ |
| 5. Had a serious injury?..... | _____ | _____ |
| 6. Have any problem with vision, hearing or talking?..... | _____ | _____ |
| 7. Have a problem with his or her behavior?..... | _____ | _____ |
| 8. Have any problem in school?..... | _____ | _____ |

Explain yes answers from above: _____

Height: _____% Weight: _____% BP: _____/_____ Pulse: _____

Vision (if done): R eye: 20 / _____ L eye: 20 / _____ Corrected? Y or N

	Normal	Note abnormal findings
HEENT	_____	
Dental	_____	
Heart	_____	
Lungs	_____	
Abdomen	_____	
GU	_____	
Musc-skel	_____	

Immunizations needed: _____

Notes / Recommendation: _____

This child has been medically evaluated and may attend and participate in activitis at daycare, school and/or camp.

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE (YYYYMMDD)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name -last, first, middle; grade; date; hospital or medical facility)

- | | |
|----------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input type="checkbox"/> FLOW CHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |