

## Kids Count Too, Inc. Foster Care & Adoption Agency

1616 E. Wooster St. Unit 3 Bowling Green, Ohio 43402 Phone: 419-354-5437 Fax: 419-352-4882

	ld's Physical Examination	th th: t
* To be completed within thirty days of the anniversary date of the last physic	of placement, and then due annually no late	er than thirty days from
the animiversary date of the last physic	edi examination.	
Child's Name:	Date of Exam: Child's DOB:	
	Child's Medical History	
Measles (7 day):	Allergies:	
Chicken Pox:	Broken Bone(s):	
Rheumatic Fever:	Operation(s):	
Scarlet Fever:	Speech Problem:	
Asthma:	Emotional Problem:	
Mumps:	Physical Handicap:	
Seizures:	Heart Condition:	
	<u>Examination</u>	
Height:	Weight:	
Posture:	Lead Toxicity Screening:	
Throat:	Teeth:	
respiratory:	Abdomen:	
Neurological:	Speech:	
Nutrition	Skin:	
Ears:	Nose:	
Chest:	Cardiovascular:	
Vision Assessment:	Hearing Assessment:	
Blood Pressure:	Head Circumference:	
Genitalia:	Gait:	
*Physician please attach a record of a form if applicable.  Comments/Recommendations/Referommendations	rals:	medication list to this
Physician's Signature:Physician's Address:	Date: Physician's	Phone:

Columbus Branch

Cleveland Branch

64 Dillmont Drive, Suite B12 Columbus, Ohio 43235 5005 Rockside Road, Suite 600 Cleveland, Ohio 44131 Phone: 614-944-5770 Phone: 216-573-3705