

Health Maintenance Summary Form

NAME: _____
DOB: _____
AGE: _____

Immunizations:

ANEMIA	LEAD	TB
LAST LAB: _____	LAST LAB _____	LAST PPD _____

Screening Tests:

Sickle Cell Screening:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G-6 PD Screen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Medical Conditions:

Current Medications:

Allergies:

Last Physical Examination Date: _____

Height:	Weight:	BP:
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Examination Notes: All Systems Normal Unless Otherwise Specified

Constitutional:	Cardiovascular:
Skin:	Respiratory:
Head, Ears, Nose, and Throat:	Abdomen:
Eyes:	Extremities/Spine:
Neck:	Neurol:
	Psych:

I have examined this child and recommend:
 Unrestricted participation in sports
 Other recommendations:

This form is valid for one year from date of recent physical exam.