

# Wesleyan Youth Inc.

## Medical Examination

(Must have physical within 10 days of placement)

Name of Child \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

	SATISFACTORY	UNSATISFACTORY	COMMENTS
HEART			
BLOOD PRESSURE			
LUNGS			
EARS			
VISION			
NOSE			
THROAT			
TEETH			
SKIN			
EXTREMITIES			
ABDOMEN			
HERNIA			
GENITALIA			
POSTURE (SPINE)			

MEDICAL RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_

OVERALL CONDITION:

Healthy: \_\_\_\_\_ Unhealthy: \_\_\_\_\_

Physician Signature \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Must have physical within 10 days of placement if possible. The date that TPS made the appointment was on \_\_\_\_\_. Physical must be done by a M.D. or a D.O.