

# Adoption Candidate Physical Examination Sheet

## Candidate Information

Name

Date of Birth

Sex

Date of Exam

Examiner

## Physical Examination Data

Height

Weight

Head Circumference

Blood Pressure

Pulse

## Examination Findings

System	Normal/Abnormal	Details
General Appearance	<input type="text"/>	<input type="text"/>
Skin	<input type="text"/>	<input type="text"/>
Head	<input type="text"/>	<input type="text"/>
Eyes	<input type="text"/>	<input type="text"/>
Ears	<input type="text"/>	<input type="text"/>
Nose/Throat	<input type="text"/>	<input type="text"/>
Chest/Lungs	<input type="text"/>	<input type="text"/>
Heart	<input type="text"/>	<input type="text"/>
Abdomen	<input type="text"/>	<input type="text"/>
Genitalia	<input type="text"/>	<input type="text"/>
Extremities	<input type="text"/>	<input type="text"/>

Neurological	<div></div>	<div></div>
Other	<div></div>	<div></div>

Immunization Status

Assessment/Recommendations

Examiner's Signature

Date