



**MVJRC**  
Miami Valley Juvenile  
Rehabilitation Center

## Physical Examination

Youth Name: \_\_\_\_\_ Center No: \_\_\_\_\_

To Be Completed by Physician:

HEENT: \_\_\_\_\_

Throat/Mouth \_\_\_\_\_ Teeth \_\_\_\_\_

Chest/Lung \_\_\_\_\_

Heart \_\_\_\_\_

Tanner Stage \_\_\_\_\_

Abdomen \_\_\_\_\_

Back: \_\_\_\_\_

Extremities \_\_\_\_\_

Neuromuscular: \_\_\_\_\_

Skin: \_\_\_\_\_

\* T. B Test ( ) Pos. ( ) Neg.

\* Females only: Pregnancy Test ( ) Pos. ( ) Neg.

Comments:

\_\_\_\_\_

Diagnosis/Problems:

\_\_\_\_\_

\_\_\_\_\_

Plan:

Current medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last medication review: \_\_\_\_\_ Next medication review: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Required: