2250 S. Oneida St. Suite 100, Denver, CO 80224, T (303) 433-1975 F (303)433-1980
1465 N Union Drive Suite 102 Colorado Springs, CO 80909 F: (719) 445-0841

ADMISSION PHYSICAL EXAM REPORT

FOR YOUTH'S *INITIAL* EXAMINATION *ONLY*.

Name of Youth			
Date of Birth		**Date of Exam**	
Name of Doctor			
Address of Doctor			
Phone # and Fax #			

- ✓ Height _____
- ✓ Weight _____
- ✓ Blood Pressure _____
- ✓ Temperature _____
- ✓ Hearing test: _____

For children under 2 years of age:

- ✓ Length _____
- ✓ Head Circumference _____
- ✓ Growth Percentiles _____

- ✓ Immunization History and Immunizations Given. NOTE: If this is put in youth's Medical Passport, then document this here. _____
_____
_____

- ✓ If medically necessary and/or requesting by the legal guardian (or, if youth is 15 years of age or older, if youth requests), indicate the results of examination which would reveal injuries from either physical or sexual abuse. The Medical Doctor will determine if he/she should include the mouth, rectum, and/or vagina. _____
_____
_____
_____

- ✓ Should there be any limitations in the youth's physical activities? Provide details.
_____
_____

- ✓ Recommendations for follow-up care _____
_____
_____
_____

Signature of Health Care Provider _____ Date Signed _____

(Continued on back)

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NON-PRESCRIPTION ORDERS

(This page must be filled out in order to administer over the counter medication)

Physician: _____ Date: _____

Name of Youth: _____

Allergies Known: _____

List of prescribed medications_____

_____

The over-the-counter medications below that have been checked may ***NOT*** be dispensed to the above youth.

( ) Tylenol
( ) Ibuprofen
( ) Motrin
( ) Midol
( ) Cold Tylenol
( ) Sudafed/Suphedrin
( ) Actifed / antihistamine
( ) Benadryl
( ) Dramamine / marezine
( ) Robitussin CF (Nasal decongestant, suppressant, expectorant)
( ) Robitussin DM (Suppressant, expectorant)
( ) Metamucil
( ) Kaopectate
( ) Teething cream
( ) Insect Repellant
( ) Saline/ Nasal Spray
( ) Vitamins

( ) Other- are there any OTC medications that may cause an adverse reaction if taken with the above prescribed medication(s)?
_____

( ) Pepto-Bismol
( ) Imodium
( ) Antacids
( ) Cough drops
( ) Chloraseptic Spray
( ) Mineral Oil
( ) Vitamins
( ) A and D ointment
( ) Calamine lotion
( ) Cortezone 5 cream
( ) Desenex / Lotrimin
( ) Neosporin ointment
( ) Hydrogen Peroxide
( ) Rubbing alcohol
( ) Solarcaine spray or cream
( ) Sun screen
( ) Visine eye drops
( ) Diaper Rash Ointments
( ) Acne creams or lotions
( ) Cold Sore Medication

Signature of Physician:_____