



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: