CHILD'S PHYSICAL RECORD WESTMORELAND COUNTY CHILDREN'S BUREAU

Child's Name:				Female Male	t e e e e e e e e e e e e e e e e e e e	Date of Birth:	
Any Physical or Mental Disabilities Within the Family					;		
EPSDT: Y	es No	•			<u> </u>		
Date:	Height:	Weight: Pulse				Blood Pressure:	
Head:	·	Neck:			Genitourinary:		
Eyes:		Cervical Glands:			-		
Ears:		Lungs:			Orthopedic Condition:		
Nose:		Heart:			Scoliosis:		
Throat:		Abdomen:			Extremities:		
Teeth:	<u>.</u>	Skin:			Anatomical Stigmata:		
Lab Work:	HGB	GM or HCT			Other		
/ledications:			<u>.</u>				
Medication Aller		•		•			
ood Restriction	s:			·	W		
ast Medical His	tory:						
	n Communicable	Disease:	_] No			
Restrictions/Rec	ommended Follo	w Up:					
		,					

Signature of Examining Physician

Note to Physician: Please direct all comments or concerns to Erin Hodgers Medical Case Manager, Westmoreland County Children's Bureau, at 724-830-: 4218 WCCB Form 114 (Revised 7/09)

SCREENING TESTS			NORMAL			ABNORMAL			
SICKLE CELL		•							
HEARING						-			
VISION									
Comments:		!				<u> </u>			
!			2			•			
			IMM	IUNIZATIONS					
RECOMMENDED									
AGE 2 MONTHS	DRUG OR AGE	NI I	DATE GIVEN	CURRENT AGE	MANU	JFACTURER	LOT NUMBER	RINITIALS	
4 MONTHS	DPT								
6 MONTHS	DPT								
18 MONTHS	DPT/DTaP								
4-6 YEARS	DPT/DTaP							_	
14-16 YEARS	Td								
2 MONTHS	OPV								
4 MONTHS	OPV				ļ				
6 MONTHS	OPV (OPTIONA	ΔI)			ļ	·····	•		
18 MONTHS	OPV	-							
4-6 YEARS	OPV								
NO. 1	(HEPATITIS E	3	·						
NO. 2									
NO. 3						T-4114-112-1			
2 MONTHS	Hib				<u> </u>	* * * * * * * * * * * * * * * * * * * *			
4 MONTHS	·Hib					······································			
6 MONTHS	Hib								
15 MONTHS	Hib .				<u> </u>				
15 MONTHS	MMR NO. 1		·				 		
>4 YEARS	MMR NO. 2								
OTHER	<u> </u>		· · · · · · · · · · · · · · · · · · ·		 				
OTHER					 				
OTHER					 				
OTHER									
			TUE	BERCULIN TESTS	S				
				.					
DATE	TYPE	RESULT	INITIALS	DATE	TYI	PE	RESULT	INITIALS	