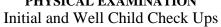
BERKS COUNTY CHILDREN & YOUTH SERVICES PHYSICAL EXAMINATION





Initial Medical	6 week	12 week	6 month
9 month	☐ 12 month	☐ 15 month	☐ 18 month
24 month	Annual		

Child's Name		Date of Birth:
Height	Weight	
Treatment Received and	d Recommendations:	
Immunizations: (If child	d received Immunizations plea	ase attach a copy of the updated immunization record):
Treatment Recommend	ations:	
Medication Prescribed:		
Special Care:		
Follow Up Appointmen	ts:	
Name of Physician:		
Signature of Person Con	mpleting the Form:	
Print/Type Physician Name:		
Address:		
Phone Number		