

Osage Nation Social Services
MEDICAL EXAMINATION REPORT

Patient				Date of birth	
Address		City	State	Zip	County

General physical examination - report of findings completed by physician:

Height	Weight	Blood pressure	Pulse
--------	--------	----------------	-------

Check if normal: Indicate any evidence of abnormality by history or physical examination.

- Eyes _____
- Ears _____
- Heart _____
- Lungs _____
- Abdomen _____
- Kidneys _____

Medical history:

Provide information regarding any surgical procedure or communicable, hereditary, or debilitating diseases, including diabetes, psychoneurotic disorders, epilepsy, or fainting spells.

List current medications. _____

Does the patient have any condition that would impair his or her ability to provide daily care for children during the next year? Yes No

If yes, explain: _____

Physician's comments regarding patient's emotional and physical health:

For what period of time has this person been a patient? _____

Physician signature		Name printed		Date	
Address		City	State	Zip	Phone