DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILD WELFARE
CPS PHYSICAL EXAMINATION FORM

I. IDENTIFYING DATA

CHILD'S MAME	SEX	RACE	BIRTHDATE	TIPS NUMBER

DATE AND TIME OF EXAMINATION

FORM TO BE RETURNED TO (Worker's Name)

WORKER'S RETURN ADDRESS

II. HISTORY: (Include date and details of past and present abuse/neglect incident(s); how it occurred and who allegedly harmed or injured child.)

I. PHYSICAL EXAMINATION FINDINGS

Weight _____ Height _____ Head Circum. _____ Growth Chart Percentile _____

Temp. _____ Resp. _____ Pulse _____ Nose _____

Glands _____ Posture _____ Throat _____ Abdomen _____

Skin _____ Teeth _____ Hernia _____ Scalp _____

Chest _____ Genitalia _____ Eyes _____ Lungs _____

Hands _____ Ears _____ Heart _____ Feet _____

Reflexes _____ Motor Development _____

Chronic Ailments _____

Previous Serious Illnesses _____

Any Abnormalities Noted _____

Known Allergies _____

General Health _____

FOR INFANT ONLY

Present Formula _____

Foods to be Added _____

IV. PRESENT INJURIES: As represented on drawings on attached sheet. (List injuries by site, size, shape, color, etc.; also specify object that caused injuries, if known.)

V. DIAGNOSIS/IMPRESSION: (Summarize extent of injuries, neglect, and/or emotional manifestations; and include any developmental delays and general emotional condition.)

VI. ABUSE/NEGLECT CONCLUSION (Check one or more than one, and explain in section VII.)

_____ Physical Neglect _____ Accidental Trauma _____ Non-accidental Trauma

_____ Medical Neglect _____ Sexual Abuse _____ Emotional Maltreatment

_____ None of the Above _____ Other _____

_____

VII. REMARKS AND RECOMMENDATIONS

Physician's Name (Print or Type) _____ First Name _____ Last Name _____ Physician's Signature _____ Date

NOTE: THIS REPORT MAY BE USED IN A COURT HEARING.