

**CapitalCare Pediatrics Albany**  
**Dr. Lorraine Lemons**  
**Dr. Michael Morin**  
**6 Executive Park Drive**  
**Albany, NY 12203**  
**Phone (518) 641-6319**  
**Fax (518) 641-6850**

Name \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**I. Immunizations**

**II. Allergies** \_\_\_\_\_

(Please see attached immunization record)

í ..

**III. Unreported previously: surgical procedures, significant infections, or serious injuries.**

\_\_\_\_\_

\_\_\_\_\_

í ..

**IV. Medical Conditions.**

\_\_\_\_\_

\_\_\_\_\_

í ..

**V. Date of Physical Exam** \_\_\_\_\_ **BMI** \_\_\_\_\_ **BMI Percentile** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **B.P.** \_\_\_\_\_

**Visual Acuity - Uncorrected** R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Both 20/ \_\_\_\_\_

**Corrected** R20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Both 20/ \_\_\_\_\_

í ..

**VI. Check off legend for physical convenience:**

_____ No abnormality	_____ <input checked="" type="checkbox"/> _____ Abnormal	_____ <input type="checkbox"/> _____ Not Done
Nutrition (over, under) _____	Heart (murmur, size, rhythms, rate) _____	
Hair (scalp, genital) _____	Peripheral Pulse _____	
Eyes (coordination, etc.) _____	Lungs _____	
Nose and Nasal Passages _____	Abdomen and Hernia _____	
Ears (cerumen, hearing) _____	Genitals _____	
Speech and Palate _____	Tonsils and Larynx _____	
Arms, Hands, Legs _____	Lymph Nodes _____	
Feet _____	Thyroid _____	
Spine and Posture _____	Chest _____	
Neurological _____	Skin _____	

Scoliosis Screening: (circle one) Positive Negative Tanner Stage: I II III IV V

í ..

**VII. Medications:**

\_\_\_\_\_

\_\_\_\_\_

í ..

**VIII. Classification for physical activity:** \_\_\_\_\_ Unlimited \_\_\_\_\_ Limited

Physician Signature \_\_\_\_\_

Date: \_\_\_\_\_