



STAFF House Maternity Home

Shepherds That Attend Father's Flock, Zechariah 11: 4-7

PO Box 12661 New Bern, NC 28563 252-633-HELP(4357)

www.staffhouse.org letushelp@staffhouse.org

PHYSICAL EXAMINATION

Maternity Home Name

Date

Patient's Name

Birth Date

Tuberculin Tests

Date

Results

HIV Test

Date

Results

Does this young woman appear to be free from communicable diseases?

_____ YES

_____ NO

STD Testing (including syphilis, gonorrhea, herpes):

Normal Evaluation? _____ Yes _____ No If no, describe any abnormal condition, allergies, or handicaps the young woman has:

Height _____

Weight _____

Gestation _____

Blood Pressure _____

Is there any recommendation as to permitted or restricted activities for this patient?

_____ Yes

_____ No

If yes, describe:

Is this patient presently on medication? _____ Yes _____ No

If yes, please list medications and instructions:

Are there any recommendations as to future care, future tests or examinations, treatments, and immunizations? _____ Yes _____ No

Doctor's Signature

Office or Clinic

Phone Number