

## Medical Examination Form for Children in Substitute Care

Child's Name:

Date of Birth:

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Physician's Name:

Date(s) of Treatment:

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Physician's Address:

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Presenting Concerns and Diagnosis:

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Treatment Provided:

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Medication(s) Prescribed:

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Physician's Signature:

Caregiver Signature:

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### Please Return:

Mail to: Stark County Job & Family Services  
Children Services Division  
402 2<sup>nd</sup> Street SE  
Canton, OH 44702

or Fax to: (330) 451-8706