



PHYSICAL FORM FOR ADULT CAREGIVER

State Form 49970 (R7 / 01-25)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

FAMILY AND SOCIAL SERVICES
ADMINISTRATION
402 W. Washington St., Room W362
Indianapolis, IN 46204

Name	Date of birth (month, day, year)
Address (number and street, city, state, and ZIP code)	

MEDICAL HISTORY					
I. List past hospitalizations / operations / accidents:					

II. Vaccines / immunities:					
<input type="checkbox"/> Measles	Month / year	<input type="checkbox"/> Mumps	Month / year	<input type="checkbox"/> Rubella (German Measles)	Month / year
<input type="checkbox"/> Chicken Pox	Month / year	<input type="checkbox"/> Scarlet Fever	Month / year	<input type="checkbox"/> Whooping Cough	Month / year
<input type="checkbox"/> Other:	Month / year			<input type="checkbox"/> Tdap Booster	Month / year
III. Conditions (Please explain if present):					
Allergies:					
Chronic health conditions:					
Use of any drugs / medication:					
Why?					

PHYSICAL EXAMINATION		
I. Mantoux TB skin test or ISDH approved screen *	Date (month, day, year)	Result (in mm)
Chest X-ray, if above screen is positive?	Date (month, day, year)	Result
Other laboratory test as ordered by physician:		
II. Does this person have any health condition that would be hazardous to the person or to the children in a group setting as a result of participation in normal activities (including sports)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what modifications of normal activities are necessary?		
III. Have you prescribed any medications and / or special routines (such as diet) which should be included in planning this person's activities?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain:		

* Annual ISDH approved screening for tuberculosis is required.

Date of examination (month, day, year)	Signature of physician / nurse practitioner / physician assistant
Telephone number ()	Printed name of physician / nurse practitioner / physician assistant