



2321 Roanoke Blvd.
Salem, VA 24153
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Participant Physical Examination

Adult Day Care Center

Standard: 22VAC40-61-260

Within the 30 days prior to admission, and annually thereafter, a participant shall have a physical examination. A TB assessment shall be obtained no earlier than 30 days prior to admission. (Annual TB testing is not required for participants.)

Name: _____ Date of exam: _____
Address: _____ Date of Birth: _____
City, State, ZIP: _____ Telephone: _____ Height: _____
Weight: _____ Blood pressure: _____
Pulse: _____ Respirations: _____ O2 Sat %: _____

All diagnoses and significant medical problems:

Significant medical history:

General physical condition, including a systems review as is medically indicated:

Known Allergies (food, medicine, other) with description of reaction to allergen(s)

Recommendations for care including: Medications (Rx and OTC), Dosage, Route Frequency of administration:

Please turn over to complete and sign form

Special Diet or Food Intolerances:

Therapy, treatments, or procedures participant is undergoing, or should receive, and by whom:

Restrictions or limitation on physical activities or program participation:

Is this person capable of administering their own medications without assistance? **YES** or **NO**

Is this person Ambulatory? **YES** or **NO**

*Ambulatory means that participant is physically and mentally capable of self-preservation by evacuating in response to an emergency to a refuge area without the assistance of another person, or from the structure itself without the assistance of another person even if the participant may require the assistance of a wheelchair, walker, cane, prosthetic device or a single verbal command to evacuate.

*If this is a pre-admission physical exam, please attach TB screening form.

Physician Signature: _____ Physician Printed Name: _____

Address: _____

Phone: _____ FAX: _____

*****Please ensure to fax or attach the full office visit note*****