



**MEDICAL HISTORY AND EXAMINATION
 FOR CHILDREN AGE 11 AND YOUNGER**

I. DEMOGRAPHIC INFORMATION TO BE FILLED OUT BY EMPLOYEE/SPONSOR OR PARENT		DATE OF EXAM (mm-dd-yyyy)
1a. Name of Examinee (Last, First, MI)		
<input type="text"/> <input type="text"/> <input type="text"/>		
1b. Chosen Name of Examinee		2. Date of Birth (mm-dd-yyyy)
<input type="text"/>		
3. Sex	4. Place of Birth	
<input type="checkbox"/> Female <input type="checkbox"/> Male	City _____ State _____ Country _____	
5. Full Name of Employee/Applicant/Sponsor		
6. Agency of Employee/Applicant/Sponsor		
<input type="checkbox"/> STATE <input type="checkbox"/> FCS <input type="checkbox"/> FAS <input type="checkbox"/> U.S. Agency for Global Media <input type="checkbox"/> DoD Civilian <input type="checkbox"/> DoD Contractor <input type="checkbox"/> Other Federal Agency _____ <input type="checkbox"/> Contracting Company _____		
7. E-mail Address of Parent/Sponsor (Where you can be reached to discuss examinee medical information)		8. Telephone Number of Parent/Sponsor (Where you can be reached to discuss examinee medical information)
Primary: _____		Primary: _____
Alternate: _____		Alternate: _____
9. Post of Assignment and Estimated Date of Arrival (if applicable)		
Proposed Post _____ EDA _____ (mm-dd-yyyy)		
<p>To the individual and/or health care provider completing the medical history review /exam: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law we are asking that you NOT provide any genetic information when responding to this request for medical information. 'Genetic Information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family members' genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.</p>		

Name of Examinee	DOB
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

VII. INSTRUCTIONS FOR COMPLETION AND SUBMISSION OF DS-1622

- MEDICAL EXAMINER**
- Medical Examiner must comment on positive history (pg. 2), abnormal physical findings (pg. 4), and provide follow-up recommendations (pg. 5).
 - Medical Examiner must sign on page 5.
- EMPLOYEE SPONSOR / PARENT**
- All fields on pages 1-3 must be filled out. Examinee or parent/employee sponsor must sign on page 3.
 - Submit copies of all laboratory tests and additional medical reports with DS-1622.
 - All lab tests and medical reports must be in English, and identified with full name and date of birth of examinee.
 - Keep originals as a permanent record. Do NOT submit by U.S. Mail or by courier service (e.g. FedEx or DHL).

VIII. Medical Examiner comments on significant patient medical history and items checked "yes" on page 2 / section II. Use additional pages if needed.

IX. CLINICAL EVALUATION: Newborn exam cannot be accepted if completed before four (4) weeks of age

1. Height/Length _____ in. or _____ cm. _____ percentile	2. Weight _____ lb. or _____ kg. _____ percentile	3. Pulse or HR (REQUIRED FOR ALL AGES, INCLUDING, NEWBORNS) 	4. Blood Pressure (age 3 and Over)
5. Head Circumference (18 months and under) _____ in. or _____ cm. _____ percentile	6. Development Appropriate for Age <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, attach Development Screen and explain below with detail in assessment / plan		
	7. Gestational age at birth 		
	8. Immunizations Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No		

X. PHYSICAL EXAM Check each item as indicated. Check "NE" if not evaluated.	Normal	Abnormal	NE	Notes <i>(Describe each abnormality in detail. Include pertinent item number before each comment)</i>
1. General/Constitution				
2. Development				
3. Skin				
4. Eyes				
5. Ears/Nose/Throat				
6. Neck/Thyroid				
7. Lungs/Thorax				
8. Cardiovascular <i>(Record murmurs/abnormalities)</i>				
9. Abdomen				
10. Genitalia				
11. Anus/Rectum				
12. Musculoskeletal/Spine/ Extremities <i>(Note limitations)</i>				
13. Lymph nodes				
14. Neurologic				

Name of Examinee	DOB
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

XI. TUBERCULOSIS SCREENING

ALL TESTS ARE REQUIRED UNLESS OTHERWISE SPECIFIED. TEST RESULTS FROM PREVIOUS 12 MONTHS ARE ACCEPTABLE. LABORATORY REPORTS MUST BE IN ENGLISH.

<p>1. Tuberculin Skin Test : <u>REQUIRED</u></p> <p>TST Results: _____ mm of induration Date: _____ <i>For ages 1 and over (unless previously positive)</i></p> <p style="text-align: center;">OR</p> <p>IGRA Results: _____ Date: _____ <i>Interferon Gamma Release Array: (for ages 5 and older in those with previous BCG)</i></p> <p>Previous active tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p> <p>Previous positive TST or IGRA <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p> <p>Previous LTBI treatment <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p> <p>Hx of BCG vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p>	<p>2. Chest X Ray (PA and lateral) - Required only if TST > 10mm, positive IGRA or clinically indicated.</p> <p style="text-align: center;">SUBMIT REPORT</p> <p>Results: _____</p> <p>Date: _____</p>
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XII. Assessment or Problem List	XIII. Recommendation for Treatment / Further Study / Consultation or Follow - Up
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Typed Name of Examiner	Signature of Examiner	Date (mm-dd-yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address	Telephone Number	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	