

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
MEDICAL RECORD FORM (not Annual Exams)
FOR CHILDREN IN SUBSTITUTE CARE**

PLEASE PRINT

CHILD'S NAME	DATE OF BIRTH
NAME OF PHYSICIAN / MEDICAL PROVIDER	DATE OF EXAM
ADDRESS	

SIGNIFICANT MEDICAL PROBLEMS

- YES
 NO

DESCRIPTION OF PROBLEMS

OUTCOME OF APPOINTMENT

FOLLOW-UP INSTRUCTIONS (if any)

SIGNATURE OF MEDICAL PROVIDER

RETURN TO: TUSCARAWAS COUNTY JOB & FAMILY SERVICES
389 16TH STREET, SW
NEW PHILADELPHIA, OHIO 44663-6401