



Intake

Boy Scouts of America Guidelines

Make All:

Yes No N/A

Vitals

BMI kg/m²

Pulse beats per minute

Blood Pressure / systolic/diastolic Location Position

Respiratory Rate breaths per minute

O₂ Saturation %

Height in

Weight lbs oz

More

Medical Procedure

- Hearing Screen
- Vision Screening
- EKG with interpretation
- EKG without interpretation
- Spirometry



Current Medications

Adolescent Issues

Select All

- ACTIVITIES - active >1 hour each day, screen time <2 hours each day
 ▼
- Alcohol/Tobacco/Drugs
 ▼
- HOME - lives with
 ▼
- HOME - relationship with parents/sibling(s)
 ▼
- Peer relationships
 ▼
- SCHOOL - performance
 ▼
- SCHOOL - school and grade level
 ▼
- Sexual Activity; protection?
 ▼
- Stress/Depression/Anxiety



notes

add item

notes

Anticipatory Guidance

Select All

Avoidance of harmful substances

notes

Avoid sweetened drinks, energy drinks, caffeinated drinks and sodas

notes

Healthy eating, regular meals and snacks, 5 servings fruits and vegetables/day

notes

Recommend 150-250 minutes exercise/week including cardio and strength

notes

Concussion recognition and treatment

notes

Impact Study Baseline

notes

Infection Prevention/Hand washing

notes

Injury Prevention (safe sleep environment)

notes

Nutrition Counseling

notes



- Preparation for activity, warm ups and cool downs, taping
notes
- Post Activity Recovery, NSAIDS, Ice, warmth, massage
notes
- Proper rest and recovery including adequate sleep
notes
- add item
notes

Behavioral History

Make All:

Yes No N/A

- Anxieties or worries
notes
- Emotional control
notes
- Play appropriate for developmental level
notes
- Relationship with peers/social function
notes
- Social changes or stressors
notes
- Task initiation/completion
notes



Medical History

Make All:

Yes No N/A

Chronic medical issues

Sleeping problems

Family Medical History I (list whom)

Make All:

No Yes Unk

Physical Exam

Make All:

A N N/E

Mental Status



- Head/Scalp**
- Eyes: PERRLA/EOMI/S/Fundi intact/Vision**
- Ears: Symmetric/No pits or Tags/Tympanic Membrane-Good Landmarks X 2**
- Nose**
- Mouth, Throat, Teeth**
- Neck - When normal; supple, no masses**
- Chest: Clear to auscultation/Breath sound equal bilaterally**
- A N N/E**
- Heart: Regular Rate and Rhythm/No murmur, gallop or rub/FP. 2+ & = Bil**
- Abdomen - When normal; No masses/No organomegaly/NI bowel sounds**
- GU - When normal; normal male/female genitalia/No hernia**
- M/S - When normal; Extremities/NI/Movement NI / Hip Exam NI/Back NI / joints NI**



- Neuro: DTR 2/4 / CN II XII
notes
- Neurologic (fine/gross motor)
notes
- Skin - When normal; NI texture. turgot / no rashes / NI color
notes
- Skin (tattoos, piercing, bruising, nevi)
notes
- A N N/E
- Other
notes
- add item
notes

Impression-Meets Boy Scouts of America Height/Weight Ratios 2

Diagnoses

add diagnosis

notes

Immunization current for age: Indicate Yes or No

Immunization Notes

Make All:



Yes No NA

Tetanus Antigen Discussed

Diptheria Antigen Discussed

Acellular Pertussis Antigen Discussed

Hepatitis A Antigen Discussed

Human Papilloma Antigens Discussed (Gardasil)

Neisseria Meningitidis Antigens Discussed (Menactra)

Varicella Antigen Discussed

Influenza (Quadivalent) Antigens Discussed

Yes No NA

VIS given

Vaccine component counseling

Allergy to egg



- Influenza form completed
- Are you sick today?
- Does the child have cancer, HIV, or any other immune system problem
- Does the person to be vaccinated have any long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease(diabeties) or anemia or other blood disorder
- Has the child had a seizure, brain, or nerve problem
- Yes No NA
- Has the child received vaccinations in the past 4 weeks
- Has the child had a serious reaction to vaccine in the past
- Is the child or teen receiving aspirin or aspirin-containing therapy
- History of Asthma and uses controller medication
- Is the child/teen pregnant or could be come pregnant during the next month
- Is the person to be vaccinated receiving antiviral medications



Immunizations

Immunization History

	There are no immunizations recorded for this patient
Ordered	

Immunization Orders

Medical Instruction Notes

Guidance

Make All:

Yes No N/A

Cleared for participation in Hiking and Camping (BSA)

Cleared for backpacking

Cleared for Competitive activities, running (BSA)

Cleared for swimming/water activities

Cleared for Wilderness/back country treks



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cleared for Contact Sports	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cleared for Challenge ("ropes") course	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cleared for climbing/ rappeling	<input type="text" value="notes"/>	▼
Yes No N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cleared for Cold-Weather Activity (<10F) BSA	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cleared for horseback riding	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cleared for mountain biking	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cleared for Scuba diving	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼
				<input type="text" value="notes"/>	▼



Navigational Anchors in Sports/ Scouts Physical DCMD

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