

ANNUAL MEDICAL EXAMINATION

DW/5 Peter

C.H.I. No. 1. School:

Name: Tommy Tarbett.

Date of Birth: 16 7 73 Age 14Date of Examination: 16 05 88Examined by: Date of Admission into Care: Date of Commencement of Present Placement: School/Nursery Attended: Present at Examination: Foster Parent/No One/Other (Specify): Height: 5' 6 3/8 Centile: Weight: 9 2 1/2 Centile:

N/D/A

COMMENTS

- | | | |
|--|------------------------|-----------------------------|
| 1. Growth | <input type="text"/> N | <input type="text"/> |
| 2. General Appearance/Cleanliness | <input type="text"/> N | <input type="text"/> |
| 3. Skin and Hair | <input type="text"/> N | <input type="text"/> |
| 4. Teeth | <input type="text"/> N | <input type="text"/> |
| 5. Eyes | <input type="text"/> N | <input type="text"/> |
| 6. Ear, Nose & Throat | <input type="text"/> N | <input type="text"/> |
| 7. C.V.S. | <input type="text"/> N | <input type="text"/> |
| 8. Blood Pressure (if applicable) | <input type="text"/> N | 124/72 |
| 9. Respiratory System | <input type="text"/> N | <input type="text"/> |
| 10. Alimentary System | <input type="text"/> N | <input type="text"/> |
| 11. Genitalia and Testes (males only) | <input type="text"/> N | <input type="text"/> |
| 12. Nervous System | <input type="text"/> N | <input type="text"/> |
| 13. Locomotion/Posture | <input type="text"/> N | fine & strong. No wide gait |
| 14. Behaviour/Demeanour | <input type="text"/> N | pleasant & cooperative |
| 15. Colour Vision (if appropriate) | <input type="text"/> | <input type="text"/> |
| 16. Other/s (specify) <input type="text"/> | <input type="text"/> | <input type="text"/> |

- | | | |
|---|--------------------------|--------------------------|
| | Right | Left |
| 17. Visual Acuity | <input type="text"/> 6/5 | <input type="text"/> 6/5 |
| 18. Hearing | <input type="text"/> N | <input type="text"/> N |
| 19. Immunisation status complete/incomplete | <input type="text"/> | |

Test Used

Linear Sheridan Gardiner/Snellen

Manchester Word Test

If incomplete please specify

CONCLUSIONS:

Is there a significant Medical problem?

Yes/No

.....
.....
.....

Is there a significant Functional handicap?

Yes/No

.....
.....
.....

Are there significant Social problems?

Yes/No

.....
.....
.....

Are there significant Developmental/Educational
difficulties?

Yes/No

.....
.....
.....

If Yes has a record of needs been opened?

Yes/No

.....

FURTHER COMMENT: e.g. parental concern, therapy involvement

ACTION REQUIRED: e.g. place on H.R., refer to specialist services

Signature of Examiner:



ANNUAL MEDICAL EXAMINATION

P Devlin

Peter

C.H.I. No.:

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Name:

TOMMY TARBETT

School:

Date of Birth:

16 | 4 | 73

Age

Date of Examination:

1929

Examined by:

Date of Admission into Care:

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Date of Commencement of
Present Placement:

--	--	--	--	--	--

School/Nursery Attended:

Present at Examination: Foster Parent/No One/Other (Specify):

Height: 5' 7 1/2"

Centile:

Weight: 95.10 lb

Centile:

	N/D/A	COMMENTS
1. Growth	N	
2. General Appearance/Cleanliness	N	
3. Skin and Hair	N	
4. Teeth	N	ch. 2. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 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819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. 1001. 1002. 1003. 1004. 1005. 1006. 1007. 1008. 1009. 1010. 1011. 1012. 1013. 1014. 1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 1517. 1518. 1519. 1520. 1521. 1522. 1523. 1524. 1525. 1526. 1527. 1528. 1529. 1530. 1531. 1532. 1533. 1534. 1535. 1536. 1537. 1538. 1539. 1540. 1541. 1542. 1543. 1544. 1545. 1546. 1547. 1548. 1549. 1550. 1551. 1552. 1553. 1554. 1555. 1556. 1557. 1558. 1559. 1560. 1561. 1562. 1563. 1564. 1565. 1566. 1567. 1568. 1569. 1570. 1571. 1572. 1573. 1574. 1575. 1576. 1577. 1578. 1579. 1580. 1581. 1582. 1583. 1584. 1585. 1586. 1587. 1588. 1589. 1590. 1591. 1592. 1593. 1594. 1595. 1596. 1597. 1598. 1599. 1600. 1601. 1602. 1603. 1604. 1605. 1606. 1607. 1608. 1609. 1610. 1611. 1612. 1613. 1614. 1615. 1616. 1617. 1618. 1619. 1620. 1621. 1622. 1623. 1624. 1625. 1626. 1627. 1628. 1629. 1630. 1631. 1632. 1633. 1634. 1635. 1636. 1637. 1638. 1639. 1640. 1641. 1642. 1643. 1644. 1645. 1646. 1647. 1648. 1649. 1650. 1651. 1652. 1653. 1654. 1655. 1656. 1657. 1658. 1659. 1660. 1661. 1662. 1663. 1664. 1665. 1666. 1667. 1668. 1669. 1670. 1671. 1672. 1673. 1674. 1675. 1676. 1677. 1678. 1679. 1680. 1681. 1682. 1683. 1684. 1685. 1686. 1687. 1688. 1689. 1690. 1691. 1692. 1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705. 1706. 1707. 1708. 1709. 1710. 1711. 1712. 1713. 1714. 1715. 1716. 1717. 1718. 1719. 1720. 1721. 1722. 1723. 1724. 1725. 1726. 1727. 1728. 1729. 1730. 1731. 1732. 1733. 1734. 1735. 1736. 1737. 1738. 1739. 1740. 1741. 1742. 1743. 1744. 1745. 1746. 1747. 1748. 1749. 1750. 1751. 1752. 1753. 1754. 1755. 1756. 1757. 1758. 1759. 1760. 1761. 1762. 1763. 1764. 1765. 1766. 1767. 1768. 1769. 1770. 1771. 1772. 1773. 1774. 1775. 1776. 1777. 1778. 1779. 1780. 1781. 1782. 1783. 1784. 1785. 1786. 1787. 1788. 1789. 1790. 1791. 1792. 1793. 1794. 1795. 1796. 1797. 1798. 1799. 1800. 1801. 1802. 1803. 1804. 1805. 1806. 1807. 1808. 1809. 1810. 1811. 1812. 1813. 1814. 1815. 1816. 1817. 1818. 1819. 1820. 1821. 1822. 1823. 1824. 1825. 1826. 1827. 1828. 1829. 1830. 1831. 1832. 1833. 1834. 1835. 1836. 1837. 1838. 1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960. 1961. 1962. 1963. 1964. 1965. 1966. 1967. 1968. 1969. 1970. 1971. 1972. 1973. 1974. 1975. 1976. 1977. 1978. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986. 1987. 1988. 1989. 1990. 1991. 1992. 1993. 1994. 1995. 1996. 1997. 1998. 1999. 2000. 2001. 2002. 2003. 2004. 2005. 2006. 2007. 2008. 2009. 2010. 2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020. 2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030. 2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040. 2041. 2042. 2043. 2044.

CONCLUSIONS:

Is there a significant Medical problem?

Yes/No *no*
.....
.....

Is there a significant Functional handicap?

Yes/No *no*
.....
.....

Are there significant Social problems?

Yes/No *no*
.....
.....

Are there significant Developmental/Educational difficulties?

Yes/No *not
now know*
.....
.....

If Yes has a record of needs been opened?

Yes/No
.....

FURTHER COMMENT: e.g. parental concern, therapy involvement

ACTION REQUIRED: e.g. place on H.R., refer to specialist services

Signature of Examiner *[Signature]*

2
Carolina
HSE

A horizontal number line with 10 equally spaced tick marks. The tick marks are labeled with the numbers 1 through 10, starting from the left and ending on the right. The line is drawn on a light blue background.

School:

TOMMY TARRETT

Date of Birth:

16	4	95
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 Age

1939

Examined by:

Date of Commencement of Present Placement:

School/Nursery Attended:

Present at Examination: Foster Parent/No One/Other (Specify):

Height: 5' 7 1/2 Centile: Weight: 90 10/13 Centile:

N/D/A

COMMENTS

- | | | |
|---------------------------------------|---|--|
| 1. Growth | N | ..... |
| 2. General Appearance/Cleanliness | N | ..... |
| 3. Skin and Hair | N | ..... |
| 4. Teeth | N |
ch. for 2 teeth, dentist known |
| 5. Eyes | N | ..... |
| 6. Ear, Nose & Throat | |
Res. poor, slightly inflamed tongue |
| 7. C.V.S. | N | ..... |
| 8. Blood Pressure (if applicable) | N | ..... |
| 9. Respiratory System | N | ..... |
| 10. Alimentary System | N | ..... |
| 11. Genitalia and Testes (males only) | N | ..... |
| 12. Nervous System | N | ..... |
| 13. Locomotion/Posture | N | ..... |
| 14. Behaviour/Demeanour | N | ..... |
| 15. Colour Vision (if appropriate) | |
normal |
| 16. Other/s (specify) ..... |  | ..... |

.....

	Right	Left
17. Visual Acuity	$\frac{6}{5}$	$\frac{6}{5}$

18. Hearing ☒ ☒

19. Immunisation status complete/incomplete

Test Used

Linear Sheridan Gardiner/Snellen

Manchester Word Test

If incomplete please specify

.....

CONCLUSIONS:

Is there a significant Medical problem?

Yes/No

..... *no*
.....
.....

Is there a significant Functional handicap?

Yes/No

..... *no*
.....
.....

Are there significant Social problems?

Yes/No

..... *no*
.....
.....

Are there significant Developmental/Educational
difficulties?

Yes/No

..... *not
now know*
.....
.....

If Yes has a record of needs been opened?

Yes/No

.....
.....

FURTHER COMMENT: e.g. parental concern, therapy involvement

ACTION REQUIRED: e.g. place on H.R., refer to specialist services

Signature of Examiner:

[Signature]

TAYSIDE REGIONAL COUNCIL – SOCIAL WORK DEPARTMENT

MEDICAL RECORD OF CHILD IN CARE

(For Initial (F.F.I.) and Annual Medicals)Name TOMMY TARBETT Date of Birth 16. 7. 73

Home Address

Date of Admission Sex MALE Nat. Health Service No.

Reason for Admission

Name and Address of family G.P. (on admission to care)

Present Address of Child CAROLINA HOUSE Child's present G.P.

PERSONAL HISTORY

Number in family

Place in family

Age of walking

Age of talking

Bowel Control

Bladder Control

(Age of the menarche)

Prophylaxis: Date

Diphtheria

Whooping Cough

Tetanus

Measles

Poliomyelitis

B.C.G.

PREVIOUS MEDICAL HISTORY

Whooping Cough Skin Condition

Measles Fits

Diphtheria Tuberculosis

Scarlet Fever Rheumatism

Mumps Enuresis

Chickenpox Encopresis

German Measles Chorea

Dysentery

Operations

Injuries

SCHOOL HISTORY (e.g. Absence through illness: attendance at a Special School: results of any mental tests.)

FAMILY HISTORY (Important illnesses or defects)

Father

Mother

Siblings

Others

CONDITION ON ADMISSION TO CARE

(e.g. General appearance: demeanour: cleanliness: any marks of injury or violence: any obvious physical or mental defects.)

CLINICAL NOTES

Record of illness and treatment; immunisations; results of special examinations, e.g. ophthalmic; notes on medical inspections; recommendations.

Date	
23.4.47	sl. swollen glauc of nose from ingite me of slight irregularity of form through swollen above. Rept. whether rhinoman also in R.S.
15.11.47	extensive dermatitis L. ex of nose. others extensive nose glauc palpable as above secondary ^{heraldic} dermatitis of the face