

**PHYSICAL EXAMINATION
SUNFLOWER CHILDCARE/PRESCHOOL
(to be completed by physician or designee)**

Child's Full Name		Birth Date	
Age	Height	Weight	
Skin		Head & Scalp	
Eyes	Nose	Lymph Nodes	
Vision (R) eye	(L) eye	Both	
Ears	(L)TM	(R)TM	
Hearing:	Normal	Abnormal	Not Tested
Mouth:	Teeth	Gingiva	Palate
Throat	Neck	Chest	
Heart	B.P.		Femoral Pulse
Lungs	Abdomen		
Genitalia	Rectum, Anus		
Spine & Back	Extremities		
Neuromuscular	Gait		
Developmental Surveillance			

If Needed:		
Hemoglobin/Hematocrit		Tuberculin screening
Sickle Cell Screening		Developmental Screening (9, 18, & 36 mos.)
Lead Screening		Other
Allergies:		
Summary of Findings:		
<p>I have examined _____. He/She is _____ is not _____ physically and emotionally able to participate in your program.</p> <p>Additional comments:</p> <p>Doctor or Designee: _____ Date of Exam: _____</p>		

