

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:

I have examined _____. He/She is _____ is not _____ physically and emotionally able to participate in your program.

Additional comments:

Doctor or Designee: _____ Date of Exam: _____

