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:_____