

Physical Examination Form

**Return to
 Nicole Studt
 UI Family Services Office
 121-50 USB
 319-353-2384 (fax)**

Child's Name _____

Date of Exam _____

Address _____

I have examined _____ and find that he/she is ___ is not ___ physically and emotionally able to participate in a child care program.

Age:	Height:	Weight:
Skin:	Head & Scalp:	
Eyes:	Lymph Nodes:	
Ears:	Left TM:	Right TM:
Mouth:		
Teeth:	Gingiva:	Palate:
Throat:	Neck:	Chest:
Heart:	Blood Pressure:	Pulse:
Lungs:	Abdomen:	
Genitalia:	Rectum/Anus:	
Spine & Back:	Extremities:	
Neuromuscular:	Gait:	
Urinalysis:		
Vision:		
Right Eye:	Left Eye:	Both Eyes:
Hearing:		
Normal:	Abnormal:	Not tested:
Hemoglobin or Hematocrit:		
Sickle Cell Screening:		
Lead Screening:		
Allergies:		
Comments:		

 Signature of Physician or Designee

 Date