

CHILD CARE CENTER PHYSICAL EXAMINATION

STUDENT'S NAME	BIRTHDATE
CENTER	
PARENT'S NAME	
ADDRESS	HOME PHONE
PARENT PRESENT AT EXAMINATION	

PHYSICAL EXAMINATION
Required by Municipal Ordinance 16.55.210A. Health in child care facilities.

Item	Results
1. EYE DISEASE	
2. EAR DISEASE	
3. NOSE AND THROAT	
4. MOUTH	
5. TEETH	
6. LYMPH NODE	
7. HEART	
8. LUNGS	
9. ABDOMEN-HERNIA	
10. GENITALS	
11. ORTHOPEDIC (INC. GAIT)	
12. NERVOUS SYSTEM	
13. SKIN	
14. NUTRITION	
15. ENDOCRINE	
16. OTHER	
17. POSITIVE FINDINGS	

HEIGHT
WEIGHT
VISION
COLOR VISION
ROUTINE MEDICATION
COMMENTS:

Able to participate in usual group activities? Yes or no _____

DATE OF EXAM: _____

SIGNED: _____

(Medical Examiner)mh