

**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 16.55.390G. 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