

Preschool

PHYSICAL EXAM FORM _____

INFORMATION TO BE FILLED OUT BY PHYSICIAN / HEALTH CARE PROVIDER:

Name: _____

Age: Year _____ Months _____

Hemoglobin/Hematocrit:	Lead:	Height Inches	Blood Pressure	
Urinalysis Results: (If indicated):	Vision: L R	Developmental Screening:	Hearing:	
Does the examination reveal any abnormality?	Normal	Abnormal	Not Examined	Describe fully any abnormal findings
General Appearance, Posture, Gait				
Speech / Language Development				
Behavior during examination				
Skin				
Eyes: Extraocular Movements				
Ears: Canal, Tympanic Membrane				
Nose, Mouth, Pharynx, Tonsils				
Teeth				
Heart				
Lungs				
Abdomen (include hernias)				
Genitalia				
Extremities, Feet				
Neurological				
Other				

Summary of findings and recommendations: _____

Signature of Physician or Health Care Provider

Date

Health Agency Where Examination Completed _____

1. Health Statement- To be completed by **Parent:**

Child's Name: _____ **Date of Birth:** _____

Significant Illnesses and surgeries child has had (give age at time)

Any special health-related needs of child (allergies, medications, injuries, etc.)

2. Physical Assessment – To be completed by **physician / health care provider:**

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

2. Is this child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Are immunizations up to date? _____ Yes _____ No If no what is needed?

6. Other significant findings: _____

She/he Is/Is not (circle one) physically and emotionally able to participate in the program.

Recommendations: _____

Date of Examination _____ Physician

Signature _____

Address _____
