

Little Angels Learning Center
of the First United Methodist Church

Physical Examination Form

Return to:
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Little Angels Learning Center
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Child's Name:

Date of Exam:

Address:

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:

Additional Comments:

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

Signature of Physician or Designee: _____ Date: