



Physical Examination Form

Return to
Diana Kremzar
UI Family Services, 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 and 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: _____