



Physical Examination Form

Email completed forms to: livewell@uiowa.edu

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: _____