

AMES COMMUNITY PRESCHOOL CENTER
611 Clark Avenue Ames, Iowa 50010

PHYSICAL EXAMINATION FORM

Child's Name _____ **Parent/Account Name** _____

Date of Birth _____

- | | | |
|-------------------------|--------------|----------------------------------------------------------------------------|
| 1. Height _____ | Weight _____ | 15. Allergies _____ |
| 2. BP _____ | | 16. HGB _____ |
| 3. Eyes R _____ L _____ | | 17. UA _____ |
| 4. Ears R _____ L _____ | | 18. TB Test _____ |
| 5. Nose _____ | | 19. Child on medications?
Yes _____ No _____
If yes, what??
_____ |
| 6. Throat _____ | | _____ |
| 7. Speech _____ | | _____ |
| 8. Heart _____ | | _____ |
| 9. Lungs _____ | | 20. Any chronic condition?
_____ |
| 10. Abdomen _____ | | _____ |
| 11. Genitals _____ | | _____ |
| 12. Orthopedic _____ | | 21. Any restrictions?
_____ |
| 13. Muscular _____ | | _____ |
| 14. Teeth _____ | | _____ |

Iowa law requires that all children who attend a daycare center have the appropriate immunizations and have the immunization card on file at the daycare center. Please include this card for our use at ACPC.

Examination Date _____

Physician Signature _____

Parent Signature _____