

# Frog Hollow Kid Campus

PHYSICAL EXAMINATION: To be completed by a physician or designee.

Child's Name \_\_\_\_\_

Exam Date \_\_\_\_\_ Child's Birth date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_

Head & Scalp \_\_\_\_\_ Skin \_\_\_\_\_ Ears \_\_\_\_\_

Nose \_\_\_\_\_ Lymph Nodes \_\_\_\_\_

(L) TM \_\_\_\_\_ (H) TM \_\_\_\_\_

Mouth: Teeth \_\_\_\_\_ Gingiva \_\_\_\_\_

Palate \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Chest \_\_\_\_\_

Heart \_\_\_\_\_ B.P. \_\_\_\_\_

Permal Pulse \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_ Genitals \_\_\_\_\_

Rectum \_\_\_\_\_ Spine & Back \_\_\_\_\_

Extremities \_\_\_\_\_ Neuromuscular \_\_\_\_\_

Gait \_\_\_\_\_ Urinalysis \_\_\_\_\_

Vision: (R) eye \_\_\_\_\_ (L) eye \_\_\_\_\_ Both \_\_\_\_\_

Hearing: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Not Tested \_\_\_\_\_

Lead Screening \_\_\_\_\_

Allergies \_\_\_\_\_

**I have examined \_\_\_\_\_ he/she**

**is \_\_\_\_\_ is not \_\_\_\_\_ physically and emotionally able to be part of a child care program.**

Physician's Signature \_\_\_\_\_