

**CHARLIE BROWN PRESCHOOL & CHILD CARE**  
PHYSICAL EXAMINATION (to be completed by a physician or designated person)

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Skin: \_\_\_\_\_ Head & Scalp: \_\_\_\_\_ Lymph Nodes: \_\_\_\_\_

Eyes: \_\_\_\_\_ Nose: \_\_\_\_\_ Ears: \_\_\_\_\_ (L)TM \_\_\_\_\_ (R)TM \_\_\_\_\_

Mouth: Teeth: \_\_\_\_\_ Gingival \_\_\_\_\_ Palate \_\_\_\_\_ Throat: \_\_\_\_\_

Neck: \_\_\_\_\_ Chest: \_\_\_\_\_ Heart: \_\_\_\_\_ B.P: \_\_\_\_\_ Femoral Pulse \_\_\_\_\_

Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Genitalia: \_\_\_\_\_ Rectum/Anus: \_\_\_\_\_

Spine & Back: \_\_\_\_\_ Extremities: \_\_\_\_\_ Neuromuscular: \_\_\_\_\_

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

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

Hearing: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Not tested \_\_\_\_\_

If Needed: Hemoglobin or Hematocrit \_\_\_\_\_ Tuberculin Screen \_\_\_\_\_

Sickle Cell Screen: \_\_\_\_\_ Development Screen: \_\_\_\_\_ Lead Screen: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

He/She is \_\_\_\_\_ not \_\_\_\_\_ physically and emotionally able to participate in your program.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

**Date of Physical Examination** \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_

**CHARLIE BROWN PRESCHOOL AND CHILD CARE**

Washington  
700 N. Washington  
Mason City  
641-423-6029  
Fax: 641-423-0174

Lake Town  
7 B S 8<sup>th</sup>  
Clear Lake  
641-357-7277  
Fax: 641-357-2972

West Town  
1708 S. Monroe Ave  
Mason City  
641-424-0065  
Fax: 641-421-9405

# CHARLIE BROWN PRESCHOOL AND CHILDCARE

## SCHOOL-AGED HEALTH STATEMENT

For use by children currently enrolled in school

I hereby certify that my child \_\_\_\_\_ is in good health, had all required immunizations, has no contagious diseases or illnesses, and receives regular health care from

\_\_\_\_\_  
(Name of child's physician)

Known Allergies \_\_\_\_\_

Current Medications being taken \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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