

**Barrow Early Learning Center  
CHILD HEALTH EXAMINATION**

**PATIENT INFORMATION**

STUDENT NAME	BIRTHDATE
CENTER	
PARENT'S NAME	
ADDRESS	HOME PHONE
PARENT PRESENT AT EXAMINATION	

**PHYSICAL EXAMINATION**

ITEM	RESULTS
1. EYE DISEASE	HEIGHT
2. EAR DISEASE	WEIGHT
3. NOSE AND THROAT	VISION
4. MOUTH	COLOR VISION
5. TEETH	ROUTINE MEDICATION
6. LYMPH NODE	
7. HEART	
8. LUNGS	
9. ABDOMEN-HERNIA	COMMENTS
10. GENITALS	
11. ORTHOPEDIC (INC. GAIT)	
12. NERVOUS SYSTEM	
13. SKIN	
14. NUTRITION	
15. ENDOCRINE	ABLE TO PARTICIPATE IN GROUP ACTIVITIES? Y/N
16. OTHER	
17. POSITIVE FINDINGS	

Date of Examination: \_\_\_\_\_ Signed: \_\_\_\_\_