



McFarland Clinic PC

CHILD'S NAME: _____

Birth date: _____

Date of Exam: _____

Height/Length: _____

Weight: _____ BMI _____

Head Circumference: _____

BP (start @ 3yr): _____

Allergies: _____

Known health and/or medical issues: _____

LABS:

Hgb or Hct: _____ Date tested: _____

Blood lead level: _____ Date tested: _____

Sensory Screening

Vision: Right eye _____ Left eye _____

Hearing: Right ear _____ Left ear _____

Exam Results (n = normal limits)

Oral/Teeth: _____ Dental referral? ___Yes ___No

HEENT: _____

Neurological: _____

Heart: _____

Lungs: _____

Abdomen: _____

Genitalia: _____

Extremities: _____

Spine: _____

Muscles & Joints: _____

Skin/Lymph Nodes: _____

Immunizations:

Please attach a copy of the Iowa Department of Public Health Immunization Certificate (IRIS)

Medication: Prescribed Medications must be in original labeled container and include written instructions on label. List any prescription medications:

Non-Prescription Medications:

Sunscreen: May be applied with parental consent to children older than 6 months. Apply to exposed skin, except eyelids, 30 minutes before sun exposure, and every 2 hours while in the sun.

Diaper Cream: May be applied with parental request to children as needed until they are toilet trained. Diaper cream should be applied according to the instructions provided by the manufacturer.

Other non-prescription medications: to be given at daycare provider's discretion and parent/guardian's instructions.

Health Provider Assessment Statement:

Developmental screening:

___normal ___abnormal

Developmental referral made:

___yes ___no

_____ Child may participate in developmentally appropriate activities with **NO** health-related restrictions

_____ Child may participate in developmentally appropriate activities with the following restrictions:

Physician Signature

Iowa Child Care Regulations require an admission physical exam report within the previous year and annually thereafter.