

**Iowa Western Early Childhood Education Center
Physical Examination**

Name of Child: _____ Age: _____

Date of Birth: _____ Date of Examination: _____

Past Health History:

Status of Present Health:

Allergies (Food or Otherwise):

Medications:

Acute or chronic conditions:

Recommendations for continued care (when necessary):

_____ is healthy and free of any communicable diseases and may participate fully in the child care program. An annual update will be completed. Iowa DHS Licensing Regulations requires an annual physical for children enrolled in child care programs.

Special notation:

Signature of Physician

Address: _____
Phone Number: _____