

**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: \_\_\_\_\_