

SUNBEAM CHILD CARE CENTER

1654 Mary Lou Retton Dr.

Fairmont, WV 26554

304-366-8590 Fax 304-366-5006

CHILD HEALTH ASSESSMENT

Child's Name: _____

Parent/Guardian: _____

Physician's Name: _____

Physician's Phone: _____

Physician's Address: _____

DOB		____ month ____ day ____ year	Health problems or special needs
Age		____ yrs. ____ mths	
Height			Allergies
Weight			
Blood Pressure			

Physical Examination and Assessment

	Normal for age	Abnormal	Not eval	Comments
A. General Appearance				
B. Posture, Gait				
C. Speech				
D. Head				
E. Skin				
F. Eyes 1. external aspects				
2. optic fundiscopic				
3. cover test				
G. Ears 1. external & canal				
2. tympanic membrane				
H. Nose, mouth, pharynx				
I. Teeth				
J. Heart				
K. Lungs				
L. Abdomen (include hernia)				
M. Genitalia				
N. Bones, joints, muscles				
O. Neurological/Social				
1. gross motor				
2. fine motor				
3. communication skills				
4. cognitive				
5. self-help skills				
6. social skills				
P. Glands (lymphatic/thyroid)				
Q. Muscular coordination				

Other findings, treatments, and recommendations:

Physician Signature: _____ Date of exam: _____

PLEASE ATTACH AN UP TO DATE RECORD OF IMMUNIZATIONS.