My check-up

Look, listen and tick. For pretend play only.

Name: _____ **Date:** _____

Check	All good	Needs care
 ears	☐	☐
 eyes	☐	☐
 heartbeat	☐	☐
 temperature	☐	☐
 height	☐	☐
 hands washed	☐	☐

What helps (tick):

 ☐ bandage

 ☐ rest

 ☐ drink of water

 ☐ cuddle