# 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