Physical Exam and Screenings Required
3 to 5 years old

Date:_____

Child's Age:_____ **Allergies:**_____

Height (inches):_____ (_____%) **Weight (lbs/oz)**_____ (____%)(**BMI**____)

Vision uncorrected: Right:_____Left:_____Both:_____

OR Vision corrected: Right:_____Left:_____Both:_____

Hearing: Right:_____Left:_____

Hemoglobin/Hematocrit: Date:_____Result:_____

Lead Screening: Date:_____Result:_____

TB Test/Assessment (circle one)*: **Assessment or Test Date:**_____ **Result: _(+)_ or__(-)____**

BP:_____
(BP required)
Temp_____
Pulse_____
Resp_____

	WIC	DKC	DDS
Informed			
Enrolled			
Referred			

* TB Testing should be done on recognition of high risk factor. See: http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf
If only the TB Risk Assessment is done circle Assessment, write the date and circle whether the Assessment was "positive" or "negative".

Assessment Codes:	√ - Normal
O – Observe/ watch	U – Under Care
R – Referred	Z- Unable to do
Physical Assessment	
General Appearance	
Growth	
Head	
Eyes/Gross Vision	/
Ears/Gross Hearing	/
Nose/Mouth/Throat	/ /
Teeth/Gums	/
Lymph Nodes	
Skin	
Lungs	
Heart	
Abdomen	
Genitalia/Breasts	/
Muscular Skeletal	
Neurological	
Nutritional Status	
Develop/Emotional	/
Social History	
Health History	

Child's Medical Home:

Dental Home:

Subjective/Objective: Head Start Physical & Screenings

Assessment/Plan:

Probl

Next Visit:

Parent Please Complete:

Child's Name:_____

Date of Birth:_____ **Sex**:_____

Community: _____

Head Start Program: _____

Insurance Provider:_____

Provider **Signature**: _____

Provider (**clinic & Doctor's/PA's**) name in print please:

_____

Date:_____Ph #_____

All screenings listed in this exam are Head Start requirements except temperature, pulse and respirations.

_____

Parent /Guardian Signature for permission Date

Mail or fax a copy of physical & screenings to Head Start:

Health & Nutrition Coordinator,
Fax to 907-463-7388
Please call 907-463-7127

mail to: Tlingit & Haida Head Start
PO Box 21347, Juneau, AK
Juneau, Alaska 99802