Pine Bluff Jefferson County Economic Opportunities Commission, Inc.

Vincent Henderson – President

Anthony Powell- Interim Executive Director

HEAD START WELL CHILD PHYSICAL EXAMINATION FORM

Child's Name:_______________________________________

D.O.B:______________________________

P a r e n t / Guardian:____

______________To be completed by Health Care Professional:____

Height:__________ Weight:__________ Age:__________ Blood Pressure:__________ HCT/ HGB__________

Blood Lead Screening:__________ Vision:____________________ Hearing:____________________________

Note other test here, if indicated:____

Check appropriate box: "N" for normal "A" for abnormal "NE" for not examined

	N	A	NE	Describe any abnormal findings
General appearance, posture, gait				
Speech				
Skin				
Eyes: External				
Optic fundi				
Cover test				
Ears: External & canals				
Tympanic membranes				
Nose, mouth, pharynx				
Teeth				
Heart				
Lungs				
Abdomen (including hernias)				
Genitalia				
Bones, joints, muscles				
Neurological examination				

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Developmental screening: Gross motor function				Please attach screening tool, if used
Fine motor function				
Communication skills				
Cognitive				
Self help skills				
Social skills				

General statement of child's physical status; include any recommended treatment & follow-up needed. Note: If child has an existing atypical condition and if any limitations or special considerations exist for the
classroom.____
____
____
____
____

Please check if child is being treated for any of the following conditions:

___Anemia ___Vision Problems ___Low Birth Weight ___Behavioral Condition
___Sickle Cell Anemia ___Underweight ___Asthma ___Emotional Condition
___High Lead Levels ___Overweight ___ADHD ___Seizures
___Ear/Hearing Problem
___Other____

Health Care Professional's
Name____

Health Care Professional's Signature:_____________________________ Date of
exam:____________