

# BLACKFEET EARLY CHILDHOOD CENTER HEAD START PHYSICAL EXAMINATION



Name of Child: \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Head Start Center \_\_\_\_\_ Head Start Center Phone Number \_\_\_\_\_

Parent Concerns: \_\_\_\_\_

Present Age: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI \_\_\_\_\_

(List Any Concerns About Child's Growth)

Blood Pressure \_\_\_\_\_ Temperature: \_\_\_\_\_ Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Laboratory Tests	
Type of Test	Results of Test
Hematocrit or Hemoglobin	
Blood Lead Test	

## Physical Examination

	N	A	N	Comments:
	L	B	E	NL - Normal, AB - Abnormal, NE - Not Examined
General				
Skin				
Eyes: Red Reflex, Appearance, Light Reflex, Symmetric				
Ears, TMs				
Nose				
Lips/Palate				
Teeth/Gums				
Tongue/Pharynx				
Neck/Nodes				
Chest/Breast				
Lungs				
Heart				
Abd/Umbilicus				
Genitals				
Extremities				
Muscular				
Neuromotor				
Back				

## Neurological/Social

	N	A	N	Comments:
	L	B	E	NL - Normal, AB - Abnormal, NE - Not Examined
Gross Motor				
Fine motor				
Communication skills				
Cognitive				
Self-help Skills				
Social Skills				

## Vision Screening

	Results	Passed	Failed	Comments
Right Acuity				
Left Acuity				
Right Strabismus				
Left Strabismus				

## Hearing Screening

	Passed	Failed	Comments
Right			
Left			
Bilaterally			

Referred for: \_\_\_\_\_ Audiology \_\_\_\_\_ Conditioned Play audiometry  
 \_\_\_\_\_ Acoustic emittance Testing (including reflexes) or OAEs

Healthy No Problems: \_\_\_\_\_

Abnormal Findings/Diagnosis: \_\_\_\_\_

## Other Test If At Risk

Type of Test	Results of Test
TB	
Cholesterol	
Sickle Cell	
Urinalysis	
Parasites	

Health Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_