

Child Health Record: Form 3, Screenings, Physical, Examination/Assessment

Child's Name: _____ Sex: _____ DOB: _____
 Head Start Center: Dothan City Schools Head Start Preschool Phone: (334)794-1447
 Address: 900 W. Powell St. Dothan, AL 36303 Fax: (334)712-4877

1. RELEVANT HISTORY (from Health History, Parent/Teacher Observations):
 2. Screening Tests Starred Items (*) are required by Head Start and recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results enter at a minimum "N", "S", or "A" for Normal, Suspect, or Atypical/Abnormal respectively

Test	Date	Results	Test	Date	Results
Present Age			Vision (type of test) Acuity, R/L Rescreening Strabismus Comments Other tests (if indicated)		*
Height (no shoes, to nearest 1/8 in.)			TB		
Weight (light clothing to nearest 1/4 lb)		*	Sickle Cell		
Blood Pressure			**LEAD		*
**HCT or HGB		*	Ova & Parasites		
Hearing (type of test, results, R/L, Rescreening, comments)		*	Urinalysis		
			Other:		

Physical Examination/Assessment	Normal for Age	Abnormal	Not Eval.
General Appearance			
Posture, Gait			
Speech			
Head			
Skin			
Eyes (external aspects, optic fundiscopic, cover test)			
Ears: External			
Tympanic Membranes			
Nose, teeth, pharynx			
Teeth			
Heart			
Lungs			
Abdomen			
Genitalia			
Bones, Joints, Muscles			
Neurological/Social			
Gross motor			
Fine motor			
Communication skills			
Cognitive			
Self-Help Skills			
Social Skills			
Glands (lymphatic/Thyroid)			
Muscular Coordination			
Other			

Comments: (Use additional sheet if necessary)

****ATTENTION: Please include Date and Results of LEAD SCREENING & HEMOGLOBIN. THIS IS A HEAD START REQUIREMENT. Thank you.**

****ATTENTION: Please include any allergies (Medication, Food, and Environmental)**

FOOD ALLERGIES YES: NO:

DOES CHILD TAKE MEDICATION DAILY:
 YES NO

IF YES, will medication be administered during school hours: YES NO

If child should have medication administered during school hours, please include STATE required PPA Form.

GENERAL STATEMENT ON CHILD'S PHYSICAL STATUS:

Signature: _____

Findings, Treatments, and Recommendations: