

Preschool Child Physical Exam Form

(All areas MUST be completed) Head Start will accept any documentation as long as it contains this information

Child's Name	Date of Birth:
Preschool Classroom site:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Date of physical exam: _____

Height: _____ inches Weight: _____ lbs _____ oz BMI: _____ Blood pressure: _____

Allergies? _____

Sensory Screening:

Vision: Right eye: _____ Left eye: _____

Hearing: Right ear: _____ Left ear: _____

Date/results of most recent hemoglobin: _____

Date/results of most recent lead test: _____
 ___ Not needed – low risk

Physical Exam:

Normal for age?

HEENT		Comments:
Teeth		
Heart		
Lungs		
Stomach/Abdomen		
Genitalia		
Skin		
Extremities, Joints, Muscles, Spine		
Neurological		
Posture, Gait, Coordination		

Abnormal findings/diagnosis:

- _____ Treatment Plan/Follow up: _____
- _____ Treatment Plan/Follow up: _____
- _____ Treatment Plan/Follow up: _____

The child may participate in developmentally appropriate child care/preschool with NO health restrictions.

The child may participate in developmentally appropriate child care/preschool with the following restrictions:

Health Care Provider Name (please print): _____ Business Phone: _____

Address: _____

Health Care Provider Signature: _____ Date: _____

Return form to NICAO-Head Start, 1190 Briarstone Drive, Suite 1, Mason City IA 50401 or fax to 641-494-1894