| Child’s Name: Date of Birth: **\***AGE \_\_\_\_\_\_\_\_ |
| --- |

**PHYSICIAN PLEASE NOTE:**    
Please Complete entire student physical**. Starred items (\*) are required by Head Start** and recommended by the American Academy of Pediatrics for children 3-5 years. **Hemoglobin/Hematocrit, Blood Lead Level, Blood Pressure, Hearing and Vision**.

| **Date of Exam:** | **\***Blood Pressure: | | **\***Height: | **\***Weight: | **\***Hearing:  Type of Test: \_\_\_\_\_\_\_  **R \_\_\_\_\_\_\_\_\_\_\_\_**  **L \_\_\_\_\_\_\_\_\_\_\_\_** | | **\***Vision:  Type of Test \_\_\_\_\_\_\_\_\_  **R \_\_\_\_\_\_\_\_\_\_\_\_**  **L \_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*HEMATOCRIT/HEMOGLOBIN** | | | Date: | | **Result:** | | |
| **\*BLOOD LEAD LEVEL** | | | Date: | | **Result:** | | |
| **PHYSICAL EXAM** | | | NORMAL FOR AGE?  YES NO | | DESCRIPTION | | |
| General Appearance | | |  |  |  | | |
| Posture, Gait | | |  |  |  | | |
| Speech | | |  |  |  | | |
| Head | | |  |  |  | | |
| Skin | | |  |  |  | | |
| Ears | | |  |  |  | | |
| Eyes | | |  |  |  | | |
| Nose, Mouth, Pharynx | | |  |  |  | | |
| Teeth | | |  |  |  | | |
| Heart | | |  |  |  | | |
| Lungs | | |  |  |  | | |
| Abdomen (include hernia) | | |  |  |  | | |
| Genitalia | | |  |  |  | | |
| Bones, Joints, Muscles | | |  |  |  | | |
| Neurological/Social   1. Gross Motor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Fine Motor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Communication Skills \_\_\_\_\_\_\_\_\_\_\_\_ 4. Cognitive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Self-Help Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Social Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  | | |
| Glands (Lymphatic/Thyroid) | | |  |  |  | | |
| Muscular Coordination | | |  |  |  | | |
| Other | | |  |  |  | | |
| General Statement of Child’s Physical Status:  **Print Provider Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_** | | | | | | | |
| FINDINGS, TREATMENTS, AND RECOMMENDATIONS: | | | | | | | |
| ABNORMAL FINDINGS/DIAGNOSIS | | TREATMENT PLAN | | RECOMMENDED FOLLOW-UP OR RESULTS | | DATE | |
|  | |  | |  | |  | |
|  | |  | |  | |  | |

**HEAD START PHYSICAL EXAM**

**RE:** PHYSICAL EXAM FOR 2024-2025 SCHOOL YEAR

**WHO:** All students in the Head Start Program AT Ann Windle School for Young Children for the 2024-2025 year.

**WHAT:** The physical exam is to be given by your physician.

**WHEN:**  The completed Physical exam form must be turned in on the date of the child’s appointment before beginning the registration for the Head Start program.

**WHERE:** The **completed** physical visit form is **required at the door** prior to continuing the enrollment process. The appointment date for verification of the physical exam will not be accepted. Schedule your appointment for a physical exam **before** **your** **registration** date. If the physical form is not completed by the date and time of the assessment, your child can be placed back on the priority list.

Also, the Hematocrit or Hemoglobin and Blood Lead Level is required by Head Start.

Please ensure it is completed while your child is getting his/her physical exam. There are not exceptions.

**GIVEN TO:** Nurse, Brooke Rushing (940) 369-3906

**QUESTIONS:** Please direct all questions to our nurse.

**PAQUETE PARA EL EXAMEN FÍSICO PARA HEAD START**

*Para alumnos nuevos y antiguos*

**REF:** EXAMEN FÍSICO PARA EL AÑO ESCOLAR 2024-2025

**QUIÉN:** Todos los alumnos del programa de Head Start de la Escuela Ann Windle para el año escolar 2024-2025.

**QUÉ:** El examen físico deberá ser realizado por su médico.

**CUÁNDO:**  El formulario completado del examen físico deberá ser entregado en la fecha que le demos para la cita de su hijo antes de empezar con la inscripción en el programa de Head Start.

**DÓNDE:** Es **obligatorio** entregar el formulario **completado** del examen físico **en la puerta de entrada** antes de continuar con el proceso de inscripción. No se aceptará la tarjeta de verificación de una cita con el médico. Por favor pida su cita para el examen físico **antes de la fecha de inscripción del niño** y antes de que se llenen los consultorios para el otoño. Si el formulario del examen físico no se ha completado antes de la fecha y hora de la evaluación del niño, su hijo/a podrá ser colocado en la lista de prioridad.

El Hematocrito o Hemoglobina y el nivel de plomo en la sangre es un requerimiento para el programa de Head Start. Por favor asegúrese que se marque esta parte del formulario cuando le estén haciendo el examen físico a su hijo/a. No habrá excepciones.

**ENTREGAR A:** La enfermera, Brooke Rushing (940) 369-3906

**PREGUNTAS:** Por favor dirija sus preguntas a nuestra enfermera.