WEST LAS VEGAS HEAD START
EARLY HEAD START

Early Head Start Child Physical Exam

West Las Vegas Head Start 179 Bridge Street Las Vegas New Mexico 87701 505-426-2821

Child's Name: _____ Date of Birth: _____

Please Circle Well Child Exam Performed today 0, 2, 4, 6, 9, 12, 15, 18, 24, 30 & 36 months.

Height _____Weight lbs_____ Head Circumference_____

Hearing _____ Vision _____

	NORMAL	ABNORMAL	REFERRED	NOT EVALUATED
General Appearance……	☐	☐	☐	☐
Posture, Gait……	☐	☐	☐	☐
Speech……..	☐	☐	☐	☐
Head……..	☐	☐	☐	☐
Skin……	☐	☐	☐	☐
Eyes External Aspects…….	☐	☐	☐	☐
Optic Fundoscopic……	☐	☐	☐	☐
Cover Test…….	☐	☐	☐	☐
Ears External Canal…….	☐	☐	☐	☐
Nose, Mouth, Pharynx…….	☐	☐	☐	☐
Teeth……..	☐	☐	☐	☐
Heart……..	☐	☐	☐	☐
Lungs……	☐	☐	☐	☐
Abdomen (Include Hernia)……..	☐	☐	☐	☐
Genitalia…….	☐	☐	☐	☐
Bones, Joint, Muscles…….	☐	☐	☐	☐
Glands (Lymphatic/Thyroid)……...	☐	☐	☐	☐
Muscular Coordination…….	☐	☐	☐	☐
Other_____	☐	☐	☐	☐

Requirements: Hemoglobin or hematocrit at 9 months _____
Lead at 12 and 24 months _____

*(If parent is unable to provide written documentation that their child received lead screening blood test at ages 12 and 24 months, The West Las Vegas Head Start requires children receive a lead screening blood test between the ages of 36 and 72 months.)

Allergies:_____

Medications:_____

Immunizations given at this time:_____

Treatment or Follow-up needed: ☐**Yes** ☐ **No** **Date of Next Appointment:** _____
Comments/Concerns:_____

_____

_____

Provider Signature _____**Exam Date**_____

Printed or Stamped Name of Provider_____
Address_____ **Phone number** _____

Form "Physical Form" MJR