



**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: \_\_\_\_\_

Hearing: L \_\_\_\_\_ R \_\_\_\_\_ Vision: L \_\_\_\_\_ R \_\_\_\_\_

Height \_\_\_\_\_ Weight (lbs) \_\_\_\_\_ Blood Pressure \_\_\_\_\_

NORMAL ABNORMAL REFERRED NOT EVALUATED

General Appearance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posture, Gait.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes External Aspects.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optic Fundoscopic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover Test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ears External Canal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nose, Mouth, Pharynx.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lungs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen (Include Hernia).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bones, Joint, Muscles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glands (Lymphatic/Thyroid).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Coordination.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REQUIREMENTS: HEMOGLOBIN 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 \_\_\_\_\_