

Region IX Head Start

Physical Exam

199 W. White Mountain Dr., Ruidoso, NM 88345

Phone: 575-257-5025 Fax: 855-625-5183

1. Fax or mail to the above address. The parent has signed an authorization to release medical information.
2. Complete and **PRINT** all areas of the physical form, print provider name, and enter phone number.
3. * If treatment is needed please indicate this form.
4. **Blood Pressure, Hearing, Vision, Lead, & Hematocrit screening is required by Region IX Head Start.**
5. Families are responsible for payment unless the Head Start Director provides the Physician with written authorization for payment prior to the examination.
6. **The Physical Exam Form is NOT VALID unless the form is completed in full.**

Child's Name: _____

Date of Birth: _____

Physical Exam	Normal	Ab-normal	Referred		Results: Enter Result	COMMENTS:
General Appearance				Blood Pressure	Enter Result #:	
Posture, Gait				Height & Weight	Measure without shoes.	H = W =
Speech				Hearing	Circle: P=pass R=recheck	Instrument:
Head					Right Hearing Level: Left Hearing Level:	Decibels:
Skin				Vision	Circle: P=pass R=recheck	Right: Left:
				Lead	Circle: P=pass R=recheck	
Eyes External Aspects - Optic Fundoscopic - Cover Test				Hematocrit	Circle: P=pass R=recheck	% =
Ears External Canal				OTHER MEDICAL INFORMATION:		
Nose, Mouth, Pharynx				Allergies:		
Teeth				Medications:		
Heart				WERE IMMUNIZATIONS GIVEN AT THIS PHYSICAL? YES NO * Fax updated immunization card to Head Start.		
Lungs				<input type="checkbox"/> NO, This child does NOT need treatment <input type="checkbox"/> YES, this child does NEED TREATMENT, EXPLAIN:		
Abdomen (include hernia)						
Genitalia						
Bones, Joint, Muscles						
Neurological/Social - gross motor - fine motor - communication skills - cognitive - self-help skills - social skills						
Muscular Coordination						

NOTE: The physical exam form is not valid without the signature of the Physician and date of the exam.

Provider Signature: _____

Date: _____

Print Provider Name: _____

Telephone Number: _____