



DAVIS/MORGAN/SUMMIT HEAD START/EARLY HEAD START
WELL-CHILD EXAMINATION FORM

Please return exam results to:
 Family Enrichment Center
 320 S. 500 E. • Kaysville, UT 84037 • 801-402-0650 • Fax 801-402-0651

PARENTS: Head Start requires an up to date well-child exam, please return form when completed.
 (Head Start requiere un examen físico, por favor regrese esta forma a Head Start cuando el doctor la complete.)

Child's Name: _____ Date of Birth: _____ - _____ - _____
 (Nombre del Niño) (Fecha de Nacimiento)

PHYSICIAN: Please complete a Well-Child exam including health history, education, and the following:

1- Screening: *Lead and HCT/HGB MUST be part of the physical examination. **Lead Test:** _____ **HCT or HGB:** _____

Blood Pressure: ____ / ____ Height: _____ Weight: _____ Vision: _____ Hearing: _____ Head Circumference: _____
 (if 24 months or younger)

2- Physical Exam:

Evaluation	Normal	Abnormal	Evaluation	Normal	Abnormal
Skin			Abdomen & Groin		
Posture, Gait			Genitalia & Urinary		
Speech, Communication			Bones, Joints		
Head			Neurological		
Eyes			Gross & Fine Motor		
Ears			Muscles		
Nose			Cognitive		
Mouth, Teeth, etc.			Self Help		
Heart & Circulatory			Social Skills		
Chest & Lungs			Glands Thyroid, Lymph		
Allergies			Nutrition		

3- Screening and General Exam Findings and Follow-up:

All Normal
 or
 Following conditions were discovered: _____
 Recommended Follow-up: _____

4-Name of Clinic/

Physician:
and/or
Clinic Stamp: _____ **Exam Date:** _____

NOTE: After completion please email or fax directly to Head Start/Early Head Start at fecregistration@dsdmail.net or fax # 801-402-0651.