



## WELL-CHILD EXAMINATION FORM

Please return exam results to:  
 Davis School District Head Start/Early Head Start  
 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)

**Exam Date:** \_\_\_\_\_

**Name of Clinic and phone number or clinic Stamp:** \_\_\_\_\_

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

**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)

**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		

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

All Normal

Or

Following conditions were discovered: \_\_\_\_\_

Recommended Follow-up: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**NOTE:** After completion please fax or email directly to Head Start at fax # 801-402-0651 or [fecregistration@dsdmail.net](mailto:fecregistration@dsdmail.net) .