



CULLMAN CITY HEAD START
 900 Hoehn Drive, N.E.
 Cullman, Alabama 35055
 Phone (256) 775-0234 Fax (256) 775-0238

Cullman City Head Start Physical Examination

Child's Name _____ Sex M F DOB _____

A Head Start Physical is: Medical, Vision, Hearing and Dental Screenings according to EPSDT age guidelines.

Required Screening is required by Head Start and the American Academy of Pediatrics for children. Enter dates if done previously. Please enter actual readings of results. (i.e. B/P 70/40; Pulse 100)

Required Screenings	Results	Date	Other Tests if indicated:
Blood pressure	_____	_____	HCT or HB _____
Pulse	_____	_____	Sickle Cell _____
Ht	_____	_____	Ova & Parasites _____
Weight	_____	_____	
BMI	_____	_____	
LEAD ***	_____	_____	
(12 mos. or 24 mos. Acceptable. Must be performed if never screened.)			
Hearing (Measurable)	_____	_____	(by standard testing measurement)
Vision (Measurable)	_____	_____	(by standard testing measurement)

Physical Examination/Assessment

	Normal	Abnormal	Not Eval.	Additional Comments
General Appearance	_____	_____	_____	
Posture, Gait	_____	_____	_____	
Skin	_____	_____	_____	
Eyes	_____	_____	_____	
Ears	_____	_____	_____	
Nose, Pharynx	_____	_____	_____	
Glands	_____	_____	_____	
Dental: Oral Inspection	_____	_____	_____	
Heart	_____	_____	_____	
Lungs	_____	_____	_____	
Abdomen	_____	_____	_____	
Genitalia	_____	_____	_____	
Bones, joints, muscles	_____	_____	_____	
Muscular Coordination	_____	_____	_____	

Findings / Diagnosis	Treatment Plan	Follow-up Recommendations
_____	_____	_____

General Statement on Child's Physical Status:

Signature of Medical Provider _____

Date _____

I give my permission to fax these results to Cullman City Head Start @ fax # 775-0238.

Signature of parent _____.