



South San Antonio ISD Head Start

Physical Exam

Childs Name: _____ DOB: _____ Date of Well Child Exam: _____

| Screening | Results | Screening | Results |
|----------------|---------|-----------------------|---------|
| Height | | Vision | |
| Weight | | Hearing | |
| BMI | | TB Questionnaire/Test | |
| Blood Pressure | | Lead Questionnaire | |

| Physical Exam | Normal | Abnormal | Not Evaluated | Comments |
|--|--------|----------|---------------|----------|
| Head | | | | |
| Skin | | | | |
| Eyes: External | | | | |
| Optic Funduscopy | | | | |
| Cover Test | | | | |
| Ears External & Canals | | | | |
| Tympanic Membranes | | | | |
| Teeth | | | | |
| Heart | | | | |
| Lungs | | | | |
| Posture, Gait | | | | |
| Abdomen | | | | |
| Genitalia | | | | |
| Bones, Joints, Muscles | | | | |
| Neurological/Social: Gross Motor | | | | |
| Fine Motor | | | | |
| Communication Skills | | | | |
| Cognitive | | | | |
| Self Help Skills | | | | |
| Glands (Lymphatic/Thyroid) | | | | |
| Muscular Coordination | | | | |
| Nutritional Screening | | | | |
| Developmental Screening | | | | |
| Mental Health Screening | | | | |
| Health Education/ Anticipatory Guidance Provided | | | | |

| | | | |
|----------------------|-------------------------------------|--|--|
| Immunizations | <input type="checkbox"/> Up to date | <input type="checkbox"/> Behind schedule | <input type="checkbox"/> Requires additional immunizations |
|----------------------|-------------------------------------|--|--|

Please list immunizations received today or needed to be up to date:

| | | |
|---|---|--|
| <input type="checkbox"/> Lead Screening conducted at 12 or 24months RESULTS: _____ | <input type="checkbox"/> Lead Test Completed today. RESULTS: _____ | <input type="checkbox"/> Lead results Pending. |
|---|---|--|

General statement on Childs Physical Exam: _____

Physician Signature: _____ Date: _____

Address _____ Phone Number: _____