

Bingman Head Start- Health Services

Must be Done in 2020

Name of Student _____

Home Room # _____

Important Information: All Head Start students must receive a medical and dental examination. This form must be returned to school before the application is considered complete. **If your child is in a setting where he/she may be exposed to lead or Tuberculosis, he/she must be screened by your doctor during this process and results noted below.**

Medical Information:

Date of Exam _____

Physical findings: _____

Physician recommendations: _____

Blood Pressure: _____ Ht. _____ Wt. _____

Hct/Hgb _____ Lab work is required; please record it. Lead screening _____

Has this child ever been diagnosed with TB? _____; Ever been exposed to TB? _____

Has this child ever been diagnosed with lead poisoning? _____; Lived in house built before 1978? _____; Lived in house with peeling/chipping paint? _____; Ever eaten paint chips? _____

Hearing R/L: _____ Vision R/L: _____

Please list any allergies: _____

General statement on child's physical status: _____

Physician's signature: _____

Please Print Physician's Name: _____

Dental Information:

DATE: _____

___ Exam ___ Treatment

___ Cleaning ___ Fluoride

Dentist's findings: _____

Next appointment _____ Appointment type: ___ 6 mo. Recall ___ treatment

Dentist's signature: _____

Dentist's Printed Name: _____ Phone: _____ Fax _____