

# PHYSICAL EXAM FORM

This form must be completed and returned to the ECE program prior to enrollment.  
Physicals are required on an annual basis in preschool.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: ☐ None ☐ Yes, describe: \_\_\_\_\_ Type of Reactions: \_\_\_\_\_

\_\_\_\_\_, give consent for my child's health provider and school to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's school.

**Please return the completed form via fax, mail, or bring it to:**

Englewood Early Childhood Education at Maddox, 3838 S. Huron St., Englewood, CO 80110

Phone: 303.781.7585 | Fax: 303.806.2535

\_\_\_\_\_  
Parent or Legal Guardian Signature Date: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

**Required Lab Tests: Next Annual Exam Due:** \_\_\_\_\_ Hemoglobin/Hematocrit:

\_\_\_\_\_ Date of Lab: \_\_\_\_\_ - or - ☐ Not at Risk Blood Lead Level:

\_\_\_\_\_ Date of Lab: \_\_\_\_\_ - or - ☐ Not at Risk

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ Normal for Age ☐ Abnormal for Age (*please note below*)

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Tuberculin Test Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Physical Exam:** ☐ Normal ☐ Abnormal, describe: \_\_\_\_\_

**Significant Health Concerns:**

☐ None ☐ Reactive Airway Disease ☐ Seizures ☐ Diabetes ☐ Asthma ☐ Ear Infections

☐ Developmental Delays ☐ Hospitalizations, describe: \_\_\_\_\_ ☐ Other

(dental, nutrition, behavior, etc.), please list: \_\_\_\_\_ **Allergies:** ☐

None ☐ Moderate Allergies ☐ Severe Allergies, describe reaction and any restrictions:

**Current Medications / Special Diet:** ☐ None ☐ Describe: \_\_\_\_\_

**Immunizations:** ☐ Up-to-date ☐ \*\*\*ATTACH IMMUNIZATION RECORD\*\* ☐ Not Current ☐ Immunization(s) given today: \_\_\_\_\_

**Describe any condition requiring special attention by staff or restrictions placed on the child:**

By signing this form, I confirm this child is healthy and may participate in all routine activities in the Early Childhood Program. Any concerns or exceptions are identified on this form.

\_\_\_\_\_  
Signature of Health Care Provider Date: \_\_\_\_\_

Updated January 2024

**Regardless of risk, getting a lead and hematocrit/hemoglobin test is a requirement of the Head Start Program. If previous lead testing has occurred, doctor may sign off on this requirement.**

**Consider Hematocrit/Hemoglobin testing if:**

- Child has a history of anemia.
- Child has a history of low iron intake.
- Child is a vegetarian.
- Child is not maintaining weight curve.

**Tuberculin skin Test Recommendations:****Immediate skin testing is indicated:**

- Contacts of persons with confirmed or suspected infectious tuberculosis (contact investigation); this includes children identified as contacts of family members or associates in jail or prison in the last five years.
- Children with radiographic or clinical findings suggesting tuberculosis.
- Children immigrating from endemic countries (e.g. Asia, Middle East, Africa, Latin America).
- Children with travel histories to endemic countries and /or significant contact with indigenous persons from such countries.

**Annual testing for tuberculosis if:**

- Children infected with HIV or living in a household with HIV-infected persons.

**Testing every 2-3 years if:**

- Children exposed to the following individuals: HIV infected, homeless, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, incarcerated adolescents or adults, and migrant farm workers. Foster children with exposure to adults in the preceding high-risk groups are included.

**Tuberculin testing at 4-6 years of age if:**

- Children whose parents immigrated (with unknown tuberculin skin test status) from regions of the world with high prevalence of tuberculosis.

**Lead Risk Factor Questions**

- Does your child live in or regularly visit a house or childcare center that was built before 1960?
- Does the building have peeling or chipping paint?
- Does the building have recent or ongoing remodeling?
- Have any of your children or any of their playmates had lead poisoning?
- Does your child have regular contact with an adult who works with lead; for example, construction welding, car repair, bridge construction or other such jobs?
- Does your child live near a smelter, battery recycling plant, or other industry where lead may be released into the air or ground (such as mining tailings).
- Do you give your child home or folk remedies that might have lead in them? • Do you prepare or serve any foods to your child in glazed pottery from Mexico or Latin American?

**One or more “yes” answers indicate that the child is at risk.**