



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	☐ Up to date		☐ Behind schedule	☐ Requires additional immunizations

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

☐ Lead Screening conducted at 12 or 24months RESULTS: _____ Date of Lab work: _____	☐ Lead Test Completed today. RESULTS: _____	☐ Lead results Pending.
---	---	--

General statement on Childs Physical Exam: _____

Physician Signature: _____ Date: _____

Address _____ Phone Number: _____

Date Received _____ Staff Initial _____