



Early Learning Program

Physical Examination

Student's Name: _____ Birthdate: _____

Parent/Guardian's Name: _____ Address: _____ Phone: _____

HEALTH HISTORY – (This portion to be completed by parent/guardian)

Check and/or date each of the following that are applicable to this child.

Chickenpox _____ Asthma _____ Eczema _____ Heart Condition _____ Epilepsy _____

Birth Injury _____ Serious Injury _____ Allergy (Specify) _____

Operation (Explain) _____

This entire portion to be completed by clinic.

Medical Examination

Height _____ Weight _____ Vision: R _____ L _____ Hearing: R _____ L _____

Tuberculin Test: Date _____ Results _____ Blood Pressure _____

*Lead Screening: Date _____ Results _____ **Hemoglobin _____

**Head Start requires documentation that each enrolled child has had a lead screening blood test between the ages of 12 months and 60 months.*

***Head Start requires documentation that each enrolled child has a current hemoglobin screening blood test.*

Immunizations given today: _____

Physical findings of significance to school life of child: Any current health problems, medications, etc.:

School Recommendations

Activity should be restricted: _____ Length of time _____

Special attention is needed for: _____

Follow-up by PHN has been recommended: _____

General Condition: Good _____ Fair _____ Poor _____

Exam Date: _____ Physician's Signature: _____

Clinic: _____

Send completed forms to:

Prairie Ridge Early Learning, 3031 Epiphany Ln, Eau Claire, WI 54703

Phone: 715-852-3603/ Fax: 715-852-3604