BBNA HEAD START
Box 310
Dillingham, AK 99576
907-842-4059 FAX 907-842-2338

Physical Exam

Child's Name (last, first) _____ Date of Birth _____

Physical Exam	***Normal***	***Finding***
General Appearance		
Rev. of Health History		
Nose/Throat/Mouth/Teeth		
Eyes/Ears		
Glands (Lymph/Thyroid)		
Lungs/Heart		
Abdomen		
Genitalia		
Bones/Joints/Muscles		
Endocrine		
Skin		
Neurological/Development		
-Gross/Fine Motor Skills		
-Cognitive Skills		
-Social/Self-help Skills		
-Speech/Communication		

Screening	***Result***
Height	
Weight	
Blood Pressure	
Hemoglobin or Hematocrit	
Vision- Both Eyes	
Right Eye	
Left Eye	
Strabismus	
Hearing- Right Ear	
Left Ear	
TB Test- Date Given	
Date Read	
Lead	

Comments on positive findings or health history:

_____

_____

_____

	NO	YES	Explain
Does the child have allergies?			
Is the child on any medication now?			
Are the child's immunizations up to date?			
Is the child able to participate in usual school activities?			

_____ _____

Medical Provider Signature Exam Date

_____ _____

Medical Center/ Clinic Phone

White: Main office Yellow: Provider

Revised 07/09