



# Charleston County School District Early Head Start / Head Start



## Physical Examination

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Agency/Center \_\_\_\_\_

### Check Appropriate Well Child Assessment:

2 Mos  4 Mos  6 Mos  9 Mos  12 Mos  15 Mos  18 Mos  24 Mos  36 Mos Other: \_\_\_\_\_

**Dear Provider: Our Federal Program MUST follow South Carolina State EPSDT standards.**

### REQUIRED TESTS

### Sensory Screenings

Height or Length \_\_\_\_\_ in/cm  
 Weight \_\_\_\_\_ lbs \_\_\_\_\_ oz or \_\_\_\_\_ kilograms  
 Head Circumference (under 2 yrs.) \_\_\_\_\_ in/cm  
 Blood Pressure Date: \_\_\_\_\_ Results: \_\_\_\_\_  
 Hgb and/or Hct (due at age 1 yr) Date: \_\_\_\_\_ Results: \_\_\_\_\_  
 Blood Lead Level 1<sup>st</sup> \_\_\_\_\_ Results: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Results: \_\_\_\_\_

(When possible record vision 20/30, 20/40, etc. at ages 3 & 4)  
 Vision: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_  
 Hearing: Right Ear  Pass  Fail Left Ear  Pass  Fail

**MD ORDER: Finger-stick HGB/HCT or Blood Lead may be completed by HS Nurse if necessary- NO \_\_\_ YES \_\_\_**

### PHYSICAL EXAM RESULTS:

Head:	Eyes:	Ears:
Nose:	Throat/Mouth:	Lymph nodes:
Skin:	Chest:	Speech:
Abdomen:	Genitalia:	Diet:
Nervous System:	Muscular:	
Behavior/Development:	Heart/Lungs:	

**SC IMMUNIZATION CERTIFICATE IS REQUIRED TO ATTEND HEAD START. Next imm. appt. \_\_\_\_\_**

Physician Specific Concerns/Referrals: \_\_\_\_\_

- The child may participate in Head Start/Early Head Start with **NO** health-related restrictions.
- The child may participate **with these restrictions:** \_\_\_\_\_
- Next physical appt \_\_\_\_\_  Next follow-up appt \_\_\_\_\_ for \_\_\_\_\_

Provider \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Examining Health Professional: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PRINT NAME SIGNATURE DATE

Form completed by: (if different) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
PRINT NAME SIGNATURE DATE

Consent to Fax this form: \_\_\_\_\_ Date: \_\_\_\_\_ Center Fax # \_\_\_\_\_  
PARENT'S SIGNATURE



Rev. 3/9/2014