

Karuk Tribal Head Start Well Child Examination

Child's Name: _____ Date of Physical Examination: _____

Date of Birth: _____ Gender Male Female

Head Start requires a complete CHDP equivalent health examination for entrance into the program.

TB Risk Factor Assessment: <input type="checkbox"/> Risk Factor not Present; TB skin test not required			Blood Lead Risk Factor Assessment: <input type="checkbox"/> Risk factor not present <input type="checkbox"/> Risk factor present		
Hematocrit / Hemoglobin 3 or 4 years	Date:	Results:	Anemia: <input type="checkbox"/> Yes <input type="checkbox"/> No	Iron Supplements: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood Lead Test: 12 and 24 Months If no record, perform	Date:	Results:	Blood Pressure:	Date:	Results ____/____
Tuberculin Skin Test	Date Give:	Date Read:	Results <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Chest X-ray Date:	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Height: (%)	Weight: (%)		BMI:		
Vision: Right – 20/____ Left – 20/____		Strabismus: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Hearing: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	

Examination Results	Normal For age	Abnormal (Describe Findings)	Not Tested	Examination Results	Normal For age	Abnormal (Describe findings)	Not Tested
Anticipatory Guidance				Eyes/Vision Observation			
Posture, Gait				Ears/Clinic Assessment			
Birth Defects				Developmental Screening			
Ears/Nose/Throat				Autism Spectrum Disorder Screening			
Seizures				Developmental Surveillance			
Mouth/Teeth Dental/Nutrition				Psychosocial/Behavior Assessment			
Heart/Lungs				Communication Skills/Speech			
Asthma				Cognitive Skills			
Abdomen (Hernia)				Maternal Depression Screening			

Is this child cleared for Head Start? Yes No

List any allergies, chronic conditions or special accommodations: _____

Provider (Please Print): _____ Signature: _____

Practice/Clinic Name: _____ Phone Number: _____

Address: _____