



PHYSICAL FORM

Head Start and Partnerships

Child Name: _____ Gender: Male Female Birth date: _____

This practice is the child's medical home: Yes No

RELEVANT INFORMATION/HISTORY/DIAGNOSIS:

Medications the child is currently taking: _____

Allergies: _____ NKA

Please attach a copy of the child's updated immunization record

SCREENING TESTS: The following items are required by Head Start and recommended by the American Academy of Pediatrics. Enter dates if completed previously.

TEST	DATE	RESULTS		
Blood Pressure				
Height				
Weight				
Hearing				
Vision				
Lead <small>(if not previously screened at 12 and 24 months.)</small>		12 months	24 months	Current
Hemoglobin <small>(required at 12 months)</small>				
Head Circumference <small>(birth to 12 months)</small>				

GENERAL STATEMENT ON CHILD'S HEAD TO TOE PHYSICAL STATUS:

FINDINGS, TREATMENTS, AND RECOMMENDATIONS:

Abnormal Findings/Diagnosis	Treatment Plan	Recommended Follow up or Results	Date

Physician Signature: _____ Date: _____

Physician Name (Print): _____ Phone: _____

Name of Form: PHYSICAL FORM

Purpose: Required by Head Start Performance Standards -Health Program Services

Instructions: Staff will consult with all enrolled families to determine whether each child has ongoing sources of continuous, accessible health care-provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care.

A physical examination must be completed within 90 days of enrollment and include health history, head to toe examination, blood pressure, height, weight, hearing, vision, hemoglobin (if applicable) and blood lead screen (if applicable). This will include determination from health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventative and primary medical health care, based on: the well-child visits and the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of Nebraska, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems. If any of the information is not clear, the Early Childhood Nurse will be notified and she will clarify it with the doctor's office before the information is entered into ChildPlus and reflected in ChildPlus PIR.

The health care professional will determine if follow-up or referral is necessary. Follow-up and referrals will be tracked in ChildPlus by staff. Staff will assist families, as needed, in obtaining any prescribed medications, aids, or equipment for medical conditions.

Cost of the required examination will be covered by the family's medical insurance. If the child does not have a source of health insurance coverage, the program will assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible. Documentation will be completed to show efforts assisting families. Head Start funds can be used as a last resort, if no other resources are available and proper documentation exists.

Filed At: Scan into ChildPlus

Revised: 7/2019