



# Physical Exam Form

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Exam Date: \*\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**According to Early Periodic Screening Diagnostic Treatment standards, a physical exam with the following screenings must be completed annually: height, weight, blood pressure, hearing and vision. Children living in high risk areas, covered by Medicaid, or determined by risk questionnaire must be tested for lead poisoning at 12 and 24 months of age, or between 25 and 72 months of age if not previously tested.**

Provider Setting: <input type="radio"/> Hospital/Clinic/Medical Office <input type="radio"/> School <input type="radio"/> Employment <input type="radio"/> Home <input type="radio"/> Other	
Provider Name: _____	
Provider Signature : _____	
Provider Address: _____	
Head Start Staff Signature: _____	
Medications the child is currently taking: _____ Allergies _____	
<b>Please attach a copy of the child's updated immunization record to this form.</b> You may fax a copy of the forms to 402-385-6310, NENCAP, Attention Health Specialist. The family can return original forms to the center the child attends.	

## Height & Weight

Height (in.)	Weight (lbs.)	BMI	Head Circumference (in.) <b>For Age 2 or younger</b>
Comments: _____			

## Blood Pressure

Test Result:	_____ / _____	<input type="radio"/> Normal/Within Normal Limits/No concerns <input type="radio"/> Abnormal, outside normal limits <input type="radio"/> No Consent <input type="radio"/> Refused <span style="margin-left: 50px;"><input type="radio"/> Unable</span>

**Lead Test: Children living in high risk areas, covered by Medicaid, or determined by the risk questionnaire need to be tested at 12 and 24 months of age, or between 25 and 72 months of age if not previously tested. Norfolk, 68701 is included in the high risk areas.**

Test Result:	<input type="radio"/> Failed (3.5 ug/dL or higher) <span style="margin-left: 50px;"><input type="radio"/> Refused</span> <input type="radio"/> Passed (3.4 ug/dL or lower) <span style="margin-left: 50px;"><input type="radio"/> Unable <input type="radio"/> No Consent</span>	
Test Date: _____/_____/_____		

## Hemoglobin/Hematocrit

Test Result:	<input type="radio"/> Failed <span style="margin-left: 50px;"><input type="radio"/> No Consent</span> <input type="radio"/> Passed <span style="margin-left: 50px;"><input type="radio"/> Refused <input type="radio"/> Unable</span>	
HCT or HGB Results: _____		
Test Date: _____/_____/_____	Comments: _____	

## Vision

Test Result:	<input type="radio"/> Failed, outside normal limits <span style="margin-left: 50px;"><input type="radio"/> No Consent</span> <input type="radio"/> Passed, normal, within normal limits <span style="margin-left: 50px;"><input type="radio"/> Refused <input type="radio"/> Unable</span>					
Left Eye:	20/____	Right Eye:	20/____	Both Eyes:	20/____	
Instrument Used:						
Comments:						

## Hearing

Test Result:	<input type="radio"/> Failed, outside normal limits <span style="margin-left: 50px;"><input type="radio"/> No Consent</span> <input type="radio"/> Passed, normal, within normal limits <span style="margin-left: 50px;"><input type="radio"/> Refused <input type="radio"/> Unable</span>						
L500	L1000	L2000	L4000	R500	R1000	R2000	R4000
Comments:							

Name of Form: Physical Form

Purpose: Physical Exam (by a Doctor/PA)  
Health Screening (by Nurse/FSW/HS Staff)

Instruction: **Physical:** Physician will complete a full exam fill results under each section, sign, date, and send to the parent. Parent will provide copy to FSW, FSW will enter result on ChildPlus.

**Screenings:** Health Specialist will work with FSW and Early childhood nurse to schedule screening day before 45 day and 90 day of enrollment date. Parent consent must be signed on ChildPlus for health screenings to be performed. For any invasive screenings (Hemoglobin and Lead) a FSW will let families know at least 24hr prior to the date of screenings. FSW will have a form filled out with the child's name and Date of Birth, Nurse or Health Specialist will fill out results along with comments (if any) and signature under Provider. FSW will enter the result on ChildPlus and upload to ChildPlus under the Health Tab.

**Lead Screening-** completed by HS/EHS requires a Blood Lead Level Report form to be filled out the day of the screening.

Completed by: Physician/PA, FSW, Nurse, Heath Specialist.

Date Due: **Physical:** 90 days  
**Screenings:** 45 days and 90 days

Filed At: Results are entered (see instruction on Entering Health Screening) on Child Plus under Health Tab. The form is uploaded under Attachments.

Revised: June 2023