BISHOP INDIAN HEAD START

CHILD HEALTH RECORD- SCREENINGS, PHYSICAL EXAMINATION, TB ASSESSMENT

PART 1. TO BE COMPLETED BY HEALTH CARE PROVIDER PRIOR TO PHYSICAL EXAMINATION/ ASSESSMENT.

Child's Name: _____ Gender: _____ DOB: _____

Head Start Center: **Bishop Indian Head Start/State Preschool** HmPh 1: _____ HmPh 2: _____

Mailing Address: **50 Tu Su Lane Bishop, CA 93514** Office Ph: **(760) 872-3911** FAX: **760-582-4291**

1. Past Medical History Asthma ect. or Parent Concerns:

2. SCREENING TESTS: Starred items (*) are **REQUIRED by Head Start** and recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results, circle "N" = Normal; "S" = Suspect, or "A" =Atypical/Abnormal.

TEST	DATE	RESULTS
*** Present Age**		Yrs, Mos.
*** Height** (no shoes, nearest 1/8")		
*** Weight** (light clothes, nearest 1/4 lb)		
*** Blood Pressure**		
*** HGB/HCT** (Hemoglobin/Hematocrit)		
Sickle Cell ☐		N S A
*** Lead** ☐	Headstart screening	N S A
Ova, Parasites		N S A
☐		N S A

TEST	DATE	RESULTS
*** Hearing** (specify type of test)		
Results		
Rescreening		
*** Vision**		
Acuity R/L		
Rescreening		
Strabismus		
Comments		

PART 2. TO BE COMPLETED BY HEALTH CARE PROVIDER DURING PHYSICAL EXAMINATION/ ASSESSMENT

3. PHYSICAL EXAMINATION/ ASSESSMENT	Normal for Age	Abnormal	Not evaluated
A. General Appearance	☐	☐	☐
B. Posture, Gait	☐	☐	☐
C. Speech	☐	☐	☐
D. Head	☐	☐	☐
E. Skin	☐	☐	☐
F. Eyes (external and optic)	☐	☐	☐
G. Ears (external and tympanic)	☐	☐	☐
H. Nose, Mouth, Pharynx	☐	☐	☐
I. Teeth	☐	☐	☐
J. Heart	☐	☐	☐
K. Lungs	☐	☐	☐
L. Abdomen (includes Hernia)	☐	☐	☐
M. Genitalia	☐	☐	☐
N. Bones, Joints, Muscles	☐	☐	☐
O. Neurological/ Social	☐	☐	☐
(1) Gross Motor	☐	☐	☐
(2) Fine Motor	☐	☐	☐
(3) Communication skills	☐	☐	☐
(4) Cognitive	☐	☐	☐
(5) Self-Help Skills	☐	☐	☐
(6) Social Skills	☐	☐	☐
P. Glands (Lymphatic/ Thyroid)	☐	☐	☐
Q. Muscular Coordination	☐	☐	☐
R. Nutrition	☐	☐	☐
S. General Statement of Child's Physical Status:			

TB RISK FACTORS/ TB WAIVER:

☐ Risk Factors **Not** Present; **TB Skin test not required**

☐ Risk Factors PRESENT; Mantoux TB test performed:

Date Test Read:

Results: ☐ Neg ☐ Pos

Risk Factors for TB in Children

→Have clinical evidence of TB
→Have Abnormalitites on chest x-ray suggestive of TB
→Have contact w/or family hx of confirmed/suspected TB and/or HIV seropsitivity
→Are in foreign-born families w/high prevalence countries
→Live in and out of home placements
→Live w/someone who has been incarcerated in the last 5yrs.
→Live among or are frequently exposed to, individuals who are homeless, migrant farm wrks, users of street drugs or nursing home residents

Immunizations	Given Today: Up-to-date for age	Given Today: Still not up-to-date for age
IPV		
Hib		
Hep B		
MMR		
Varicella		
Hep A		
PCV-13		

Medications:

Food/Other Allergies:

Sign & Date:

4. COMMENTS:

CARE PROVIDER'S CLINIC STAMP