

WASHTENAW COUNTY HEAD START

CHILD HEALTH RECORD: SCREENINGS, PHYSICAL AND EXAMINATION/ASSESSMENT

Head Start Center: **Washtenaw County Head Start**

2009-2010 School Year

Child's Name: _____ Sex _____ Date of Birth _____ Phone# _____
 (Last) (First)

Washtenaw County Head Start requires a complete Physical Examination including a TB test (if indicated) and Hematocrit/ Hemoglobin annually for all children enrolled. If not completed at the doctor's office, the Tb test can be given at Washtenaw County Public Health.

1. SCREENING TESTS

TEST	DATE	RESULTS	TEST	DATE	RESULTS
a. PRESENT AGE		_____ Yrs. _____ Mos.	f. TB Test (If Indicated) (SEE REVERSE SIDE)		_____ neg _____ pos _____ mm
b. HEIGHT (No shoes to near-1/8 in.)			g. Hematocrit or Hemoglobin (REQUIRED ANNUALLY)		
c. WEIGHT (Light clothing to nearest 1/4 lb.) BMI			h. OTHER TESTS (if indicated) 1. Sickle Cell Status (test if unknown) 2. Ova & Parasites 3. Urinalysis		
d. BLOOD PRESSURE (REQUIRED)			i. Asthma		
e. LEAD QUESTIONNAIRE (SEE REVERSE SIDE) Blood level if indicated		BLOOD LEVEL	j. Risk Assessment _____ Working Smoke _____ Detectors	_____ Wears Bike Helmet	_____ Appropriate Car Restraint if under 57 inches

2. VISION SCREENING

	Normal for Age	Abnormal	Not evaluated	Comments
Vision Acuity R/L				
Strabismus				
Red Reflex				

3. HEARING SCREENING

	Normal for Age	Abnormal	Not evaluated	Comments
Hearing Screening (type)				
Tympanic Membranes				

4. PHYSICAL EXAMINATION/ASSESSMENT

	Normal for Age	Abnormal	Not evaluated	Comments
a. GENERAL APPEARANCE				
Posture, Gait, Tone				
b. SPEECH:				
Articulation concerns				
Expressive language				
Receptive language				
c. HEAD				
d. SKIN				
e. EYES:				
External aspects				
Optic Fundoscopic				
Cover Test				
f. EARS:				
External canals				
g. NOSE, MOUTH, PHARYNX				
h. TEETH				
i. HEART				
j. LUNGS				
k. ABDOMEN (include hernia)				
l. GENITALIA				
m. BONES, JOINTS, MUSCLES				
n. NEUROLOGICAL				
Gross Motor				
Fine Motor				
o. SOCIAL/EMOTIONAL				

(SEE REVERSE SIDE FOR TB AND LEAD RISK QUESTIONNAIRES AND CLINICIAN SIGNATURE)

**This Section must be completed by
your Health Care Provider and the parent/guardian at the time of the physical exam.**

TB Exposure Personal-risk Questionnaire

***TB Test can be done at the Washtenaw County Health Dept. - Phone (734) 544-6770**

Place an "X" in the appropriate box.

	Yes	No
1. Was your child born outside of the United States?		
2. Has your child traveled outside of the United States?		
3. Has your child been exposed to anyone with TB?		
4. Does your child have close contact with anyone with a positive TB test?		
5. Does your child spend time with anyone who has been in jail (or prison) or a shelter, uses illegal drugs or has HIV?		
6. Was anyone in the household born outside of the United States?		
7. Has anyone in your household traveled outside of the United States?		
8. Has your child consumed raw milk or eaten unpasteurized cheese?		

(If 'yes' to any of the above questions, a TB screening is mandatory*)

American Academy of Pediatrics TST screening: Pediatrics 2004; 114; 1175-1201

Lead Exposure Personal-risk Questionnaire

Place an "X" in the appropriate box

	Yes	No
9. Has your child ever lived in or regularly visited a house that was built before 1950? This question could apply to a facility such as a home day-care center or the home of a babysitter or relative?		
10. Has your child ever lived in or regularly visited a house built before 1978 with recent or ongoing renovations or remodeling (within the last 6 months)?		
11. Does your child have a sibling or playmate that has or did have lead poisoning?		
12. Does your child chew on unusual things such as pencils, cribs?		
13. Has your child ever been given home remedies that contain "greta azarcon," "pap-loo-ah" or "kohl"?		
14. Has your child ever lived overseas? If yes, when _____		

(If 'yes' to any of the above questions, a lead level must be drawn)

If this child is a Medicaid recipient and has not been screened according to Medicaid rules and regulations, a lead level must be drawn.

Results of most recent Lead Screening: _____ Date

OTHER CONCERNS AND RECOMMENDED FOLLOW-UP:

MD/NP/PA's Name: _____ Clinic: _____ Phone: _____
(Please Print)

***REQUIRED* Medical Provider Signature**

Date

Please Attach a Current Immunization Record

(Updating of Immunizations can be completed at the Washtenaw County Public Health Department.
Call (734) 544-6770; appointments on Tuesday and Friday)

ALLERGIES TO FOOD AND/OR MEDICATION: