

**DRAKE UNIVERSITY HEAD START/EARLY HEAD START/EHS-CCP PHYSICAL EXAM—Birth to 5 years**

**Child's Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Allergies to Medications:** \_\_\_\_\_ **Foods:** \_\_\_\_\_ (Physician must complete and sign Food Substitution Request)

**Gender:** M F **Birthdate:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Immunizations:** Please attach Iowa Certificate of Immunizations (child must be up-to-date for age)

Physical Assessment	Normal (X)	Abnormal (X)	Comments (required for Abnormal)
Skin			
Hair & Scalp			
Eyes/Vision			
Ears/Hearing			
Nose/Throat			
Mouth/Teeth			
Lymph Nodes			
Cardiovascular			
Respiratory			
Gastrointestinal			
Genitourinary			
Neurological			
Musculoskeletal			
Endocrine			
Abdomen			
Nutrition			
Appearance			
Development			
Other			

**\*Required by Drake University Head Start & Iowa EPSDT Standards:**

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Head Circumference** (Birth to 2 years) \_\_\_\_\_ **Blood Pressure** (Age 3 years and up) \_\_\_\_\_

**Hgb or Hct** \_\_\_\_\_ (at 9 months & 24 months) **Date** \_\_\_\_\_

**Lead** \_\_\_\_\_ (Low risk children should be tested at 12 months & 24 months) **Date** \_\_\_\_\_

**Lead** \_\_\_\_\_ (High risk children should be tested at 12 months, 18 months, 24 months, 3 yrs., 4 yrs., and 5 yrs.) **Date** \_\_\_\_\_

**Lead Risk Assessment:** If the answer to any question below is "YES", the child is at high risk for lead poisoning and must be tested according to the high-risk testing schedule. If the parent does not know the answer to a question, assume that the answer is "YES".

- Has your child ever lived in or regularly visited a house built before 1960? **YES NO**
- Have you noticed any peeling or chipping paint in or around the pre-1960 house that your child has lived in or regularly visited? **YES NO**
- Is the pre-1960 home that your child has lived in or regularly visited been remodeled or renovated by: Stripping, sanding, or scraping paint on the inside or outside of the house or by removing walls and/or tearing out lath and plaster? **YES NO**
- Does your child eat non-food items such as dirt? **YES NO**
- Have any of your other children or their playmates had lead levels > =15 ug/dL? **YES NO**
- Does your child live with or frequently come in contact with an adult who works with lead on the job or as a hobby? **YES NO**
- (Examples: painter, welder, foundry worker, old home renovator, shooting range worker, battery plant worker, battery recycling worker, ceramics worker, stained glass worker, sheet metal worker, scrap metal worker, plumber).
- Does your child live near a battery plant, battery recycling plant, or lead smelter? **YES NO**
- Do you give your child any home or folk remedies? **YES NO** (Examples: Azarcon, greta, pay-loo-ah)
- Does your child eat candy that is made in Mexico, Central America or Southeast Asia? **YES NO**
- Has your child ever lived in Mexico, Central America, South America, Africa, Asia, or Eastern Europe, or visited one of these areas for longer than two months? **YES NO**

**Attention Health Care Practitioner:** A TB test is needed only if this child is found to be at **high risk**. We have screened this child as a part of our enrollment process. If this child's family/legal guardian provides you Drake University Head Start/Early Head Start Mantoux Tuberculin Skin Test Record we have found them to be at high risk. It is still at **your discretion** to do a Mantoux test on this child. If you feel this child does not need to be tested please mark the appropriate area on the DUHS-MTSTR sheet and sign it. If you need a copy of the Mantoux record sheet it can be found at the DUHS website at <https://www.drakeheadstart.org/download/mantoux-tuberculin-skin-test-record/>

**Activity Restrictions:** \_\_\_\_\_

**Conditions that might affect school performance:** \_\_\_\_\_

**Licensed Health Care Provider Signature:** \_\_\_\_\_

**Exam Date** \_\_\_\_\_ **Clinic Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_