

COOK INLET NATIVE HEAD START AND CLARE SWAN EHS/CCC

Building a Strong Foundation with Our Native Families

Annual Physical Form

Child's Name				Parent/Guardian's Name:			
Child's DOB:		Child's Age:		Date of Exam:		up to date per EPSDT schedule? <input type="checkbox"/> yes Next visit due at age: _____	
GROWTH ASSESSMENTS							
Height:		Weight:		BMI:		Blood Pressure:	
						Head Circumference:	
EXAMINATION RESULTS		NORMAL	ABNORMAL	REFER	NOT EXAMINED	NOTES	
Head							
Eyes							
Vision						Age ≥3yrs: Left: 20/___ Right: 20/___ Both: 20/___ PHOTOSCREEN: (age 6m-3yr or unable to perform chart normal ___ refer___)	
Ears							
Nose							
Throat/mouth							
Teeth						Date of last dental exam: _____ location: _____	
Neck							
Heart							
Lungs/chest							
Abdomen							
Back							
Genitalia							
Lymph nodes							
Skin							
Neurological/Motor							
List any Acute or Chronic conditions, including asthma, allergies, developmental delays or referrals:							
Required for Headstart							
Dietitian evaluation (Due Annually): completed				<input type="checkbox"/> yes			
Hemoglobin (Due annually) Result: Date:				<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		normal: -2SD per Harriet Lane 6mo-2yr: 10.5; 2yr-6yr: 11.5	
Lead Screening Results (Blood level due at 1 and 2 yr visits OR once at 3-6 years if not previously screened)				<input type="checkbox"/> Normal <input type="checkbox"/> High Date/or at age:			
Routine PPD no longer required				Headstart will screen with ASD form: high risk (needing PPD) includes spending ≥ 30 days in YK or Norton Sound regions, form and map at http://www.asdk12.org/forms/uploads/TB_Risk_Assess_Consent.pdf			
Primary Provider where child gets care (Medical Home):							
PROVIDER NAME:			PROVIDER SIGNATURE:			DATE:	

Thank you for assisting us in providing our children with care compliant with our National Head Start Performance Standards and the Municipality of Anchorage Child Care Licensing Requirements. Please provide : BHC and Dietitian notes and immunization record if available.

CIN Headstart on Tudor, Fax 433-1641

Clare Swan Early Headstart/child care on Northway Drive, Fax 793-3611