

# Preschool Physical Exam

Child's Name: \_\_\_\_\_ Age Y: \_\_\_\_ M: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

<div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">Please complete all blanks</p> </div>	<p>Exam Date: ____/____/____</p> <p>Blood Pressure _____</p> <p>Height _____ Weight _____</p> <p>Vision: Acuity; R/L _____</p> <p style="padding-left: 40px;">Abnormality _____</p> <p>Hearing: _____</p>	<p>Hemoglobin/Hematocrit _____</p> <p style="text-align: right;">Date: ____/____/____</p> <p><small>(REQUIRED for ALL Children <b>over 12 months</b>. If none on record, please DRAW).</small></p> <hr/> <p>Lead Screening Level _____</p> <p style="text-align: right;">Date: ____/____/____</p> <p><small>(REQUIRED for ALL Children <b>over 24 months</b>. If none on record, please DRAW).</small></p> <p><b><i>*If drawn today, please fax lead/hemo results to 641-782-6302.</i></b></p>
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**REQUIRED** for children who have lived or visited outside the U.S. TB: \_\_\_\_\_

Please examine:	Normal	Abnormal	Not Examined	Describe abnormal findings
General Appearance/Posture				
Gait/Muscular Coordination				
Social/Communication				
Skin/Head/Scalp				
Vision/Eyes				
Ears, Nose, Throat				
Dental/Oral				
Heart/Lungs				
Abdomen (include hernias)				
Genitalia				
Bones, Joints, Muscles				
Neurological Examination				
Behavior/Interaction				

**SUMMARY OF FINDINGS, TREATMENTS, AND RECOMMENDATIONS:**

\_\_\_\_\_

\_\_\_\_\_

Activity level recommended: \_\_\_\_\_ Allergies: \_\_\_\_\_

Routine Medication(s): \_\_\_\_\_

Clinic Name \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of physician (PRINT) \_\_\_\_\_

**Signature of Physician** \_\_\_\_\_ **Date** \_\_\_\_\_

**I am the parent/guardian of the child listed above. I give permission to share this information with MATURA Head Start and/or associated school.**

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Legal Signature

\_\_\_\_\_  
Date