HEAD START, INC.

Lewistown
25 Meadowlark Lane
Lewistown, MT 59457

Ph: (406) 535-7751
Fax: (406) 535-7752

ROUNDUP
204 7th Ave West
Roundup, MT 59072

Ph: (406) 323-3655

HARLOWTON
304 E Division
Harlowton, MT 59036

Ph: (406) 632-4382

WELL CHILD CHECK UP- PHYSICAL

Child's Name:	Sex:	Date of Birth:	Site/Room #
	☐ M ☐ F		
Health Care Provider's Name: *(Please print)*			
Provider Name/Address:		**Phone #:**	

The following assessments and tests are EPSDT requirements for Head Start.

Test	Not Indicated or:	Date:	Result
HCT/HGB: mark NI or date given and result			
Blood Lead Test: mark NI if child was tested between the ages of 12 and 24 mos. or date given and result			
Blood Pressure			
Height			
Weight			

Assessment	Normal	Abnormal	No Eval.	Treatment or Prescriptions	Abnormal Findings
General Appearance					
Posture/Gait					
Speech					
Head					
Skin					
Nose, throat, pharynx					
Teeth					
Heart					
Lungs					
Abdomen					
Genitalia					
Neurological/social					
Glands					
Muscle Coordination					
Other					
Ears				Hearing: Pure tones_____ Impedance_____	
Eyes				Vision: Acuity R_____ L_____ B_____ Strabismus_____	

Asthma inhaler needed at school? ☐ Yes ☐ No **Epi-pen needed at school?** ☐ Yes ☐ No

Special diet needed? ☐ Yes ☐ No (If yes, include Special Diet Statement form)

Immunizations current? ☐ Yes ☐ No **Allergies:**

Referrals/Recommendations:

Signature: **Date:**

Approved by Policy Council March 22, 2018