

NORTHEAST SD HEAD START PHYSICAL EXAM - CHILD

PHYSICAL EXAM/ASSESSMENT

Child's Name: _____ Birth Date: ____/____/____

Head Start Center/Home Base Unit _____

Allergies(medications/food/environmental): _____

Medications: _____

Current Medical Problems/Concerns: _____ Previous Surgeries: _____

	Normal	Abnormal	Refer	Not Eval
General Appearance	___	___	___	___
Posture, Gait	___	___	___	___
Speech	___	___	___	___
Head	___	___	___	___
Skin	___	___	___	___
Eyes External Aspects	___	___	___	___
Optic fundoscopic	___	___	___	___
Cover Test	___	___	___	___
Ears External Canal	___	___	___	___
Nose, Mouth, Pharynx	___	___	___	___
Teeth	___	___	___	___
Heart	___	___	___	___
Lungs	___	___	___	___
Abdomen (include hernia)	___	___	___	___
Genitalia	___	___	___	___
Bones, Joint, Muscles	___	___	___	___
Neurological/Social	___	___	___	___
Gross motor	___	___	___	___
Fine motor	___	___	___	___
Communication skills	___	___	___	___
Cognitive	___	___	___	___
Self-help skills	___	___	___	___
Social skills	___	___	___	___
Glands (Lymphatic/Thyroid)	___	___	___	___
Muscular Coordination	___	___	___	___

Date of Exam: _____

Provider Signature: _____

Provider Name Print: _____

Clinic & Address: _____

Phone: _____ Fax: _____

REQUIRED

Child Health Testing Results

Height _____

Weight _____

Blood Pressure ____/____

Lead _____ug/dl

Date Tested _____

***Head Start is required to have a record of: ONE Lead blood test completed at age 24 months or later. Lead is not needed each school year if normal results.**

***Immunizations** completed all for age:
4 DTaP, 3 Polio, 1 MMR, & 1 Varicella

***Please return this form to:**

NESD Head Start Program, Inc.
200 S Harrison St. #1, Aberdeen, SD 57401
Phone: (605)229-4506 Fax: (605) 226-0196

NESD Head Start Program, Inc.

- Provider must submit medical bills to Medicaid or private insurance.
- Parents must submit proof of deductible and/or copay amounts to Head Start as documentation of costs not covered by insurance for required services.
- Head Start is the last source of payment.

Physical Exam & Treatment Procedures

- Head Start will pay for the following services on all **Non-Medicaid and Non-Insured children:**
- **(With prior approval)**
 1. Well Child Physical Exam
 2. Initial office visit for referrals made by Head Start regarding vision, hearing, and physicals.
 3. Lead blood test, if not already completed at 24 months.

Thank you for your cooperation and care of this Head Start child. Please contact Head Start with any questions.

Health Service Manager
NESD Head Start Program, Inc.
200 S. Harrison #1
Aberdeen, SD 57401
Telephone: 605-229-4506 Fax: 605-226-0196