

**L.B.J. & C. Head Start  
Well Child Visit**

Dear Health Provider/Physician:

Federal and State regulations require periodicity schedules to assure exams occur at critical points in a child's life. **Head Start is required to, by Federal Regulations, obtain and track the following information: an annual unclothed physical, hematocrit/hemoglobin, hearing screen, vision screen, blood pressure, and a one-time lead blood level.** Please complete this form and return to the parent/caregiver. If you have any questions, please call the Central Office at (931)528-3361. Thank you.

Name: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Date of Actual Physical: \_\_\_\_\_

Temp: _____ BP: _____ Pulse: _____				Labs: _____ Hgb/Hct: _____		Height: _____ Weight: _____	
Physical Exam Check Box: NE = not examined AB = abnormal N = normal				UA: _____		<b>Blood Lead Level Results:</b>	
NE		N	AB	Comments by #		Medical/Food Allergies:	
	1. General					Current Medications:	
	2. Skin						
	3. Head						
	4. Eyes R ____ L ____ Both ____					Nutritional Assessment:	
	5. Ears Hearing: Pass (P); Fail (F) R ____ L ____ Both ____						
	6. Nose						
	7. Mouth/Throat					Assessment Plan:	
	8. Neck/Thyroid						
	9. Breast						
	10. Lungs						
	11. Back						
	12. Heart						
	13. Circulatory						
	14. Abdomen						
	15. Genitalia						
	16. Rectal						
	17. Neurological						
	18. Musculoskeletal						
	19. Teeth						

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_