CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska
Tlingit & Haida Head Start Administration
9097 Glacier Highway • Juneau, Alaska 99801

Physical Exam and Screenings Required (3 to 5 Years Old)

Date: _____ **Child's Age:** _____ **Allergies:** _____

Height (inches): ____ (____%) **Weight (lbs/oz):** _____ (___%) / (BMI ___)

Vision Uncorrected: Right: ___ Left: ___ Both: ___ **OR Vision Corrected:** Right: _____ Left: _____ Both: _____

Hearing: Right: _____ Left: _____

Hemoglobin/Hematocrit: Date: _____ Result: _____

Lead Screening: Date: _____ Result: _____

Tuberculin Test, PPD (*Required*): Date: _____ Result: _____

(TB required only once at age 3 years or older - if not tested at 3 years. Please indicate last date & result since age 3)

BP:_____
(BP required)
Temp_____

Pulse_____

Resp_____

	WIC	DKC	DDS
Informed			
Enrolled			
Referred			

Assessment Codes:	√ - Normal
O – Observe/ watch	U – Under
R – Referred	Z- Unable to
Physical Assessment	
General Appearance	
Growth	
Head	
Eyes/Gross Vision	/
Ears/Gross Hearing	/
Nose/Mouth/Throat	/ /
Teeth/Gums	/
Lymph Nodes	
Skin	
Lungs	
Heart	
Abdomen	
Genitalia/Breasts	/
Muscular Skeletal	
Neurological	
Nutritional Status	
Develop/Emotional	/
Social History	
Health History	

Child's Medical Home:

Dental Home:

Subjective/Objective: Head Start Physical & Screenings

Assessment/Plan:

Next Visit:

Parent Please Complete:
Child's Name: _____
Date of Birth: _____ **Sex**: _____
Community: _____
Head Start Program: _____
Insurance Provider: _____

Health Provider Signature: _____
Provider (**clinic & Doctor's/PA's**) name in print please:
_____

Date:_____ Ph #: _____

_____
Parent /Guardian Signature for Permission

Mail or fax a copy of physical & screenings to Head Start:
Health & Nutrition Coordinator,
Fax to 877-389-7796
Phone 907-463-7127
Mail to: Tlingit & Haida Head Start
9095 Glacier Highway Juneau, AK
Juneau, Alaska 99801

All screenings listed in this exam are Head Start requirements except temperature, Pulse and respirations.