



TLINGIT & HAIDA HEAD START

Central Council Tlingit and Haida Indian Tribes of Alaska

Mailing: 9097 Glacier Hwy, Juneau, AK 99801 • Physical 9095 Glacier Highway • Juneau AK 99801
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PHYSICAL EXAM: 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:

Parent Please Complete:

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

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

Date: _____ Ph # _____
Next Visit: _____

*All highlighted areas required by Head Start.

Parent/Guardian Signature Authorizing Release _____ **Date** _____