

PART II: To be completed by Health Care Provider During and After Physical Examination/Assessment

3. PHYSICAL EXAMINATION / ASSESSMENT: All items are required by Head Start and recommended by the American Academy of Pediatrics for children age 15 months through 4 years. Please check appropriate columns (Normal for Age; Atypical; or Not Evaluated) and provide comments on: services needed, atypical results/scores; behavior/mental health problems and reasons for items not evaluated.

	Normal for Age	Atypical	Not Evaluated	COMMENTS (Use additional sheets if necessary.)
A. General Appearance				
B. Posture, Gait				
C. Speech				
D. Head				
E. Skin				
F. Eyes:				
(1) External Aspects				
(2) Optic Fundiscopic				
(3) Cover Test				
G. Ears:				
(1) External & Canals				
(2) Tympanic Membranes				
H. Nose, Mouth, Pharynx				
I. Teeth				
J. Heart				
K. Lungs				
L. Abdomen (include hernia)				
M. Genitalia				
N. Bones, Joints, Muscles				
O. Neurological / Social				
(1) Gross Motor				
(2) Fine Motor				
(3) Communication Skills				
(4) Cognitive				
(5) Self-Help Skills				
(6) Social Skills				
P. Glands (Lymphatic/Thyroid)				
Q. Muscular Coordination				
R. Other				

S. General Statement on Child's Medical Status (Please note any allergies):

Should the child's activity be restricted due to physical defect or illness? Yes No If yes, check below and explain degree of restriction:

Classroom Playground Gym Swimming Sports Camp Other

4. FINDINGS, TREATMENTS AND RECOMMENDATIONS

ABNORMAL FINDINGS / DIAGNOSIS	TREATMENT PLAN	RECOMMENDED FOLLOW-UP OR RESULTS	DATE

PHYSICIAN NAME AND ADDRESS (PLEASE PRINT):

PHONE:

FAX:

Signature

Date