



# PHYSICAL EXAMINATION FORM (3-5 years old)



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ FID#: \_\_\_\_\_

Site: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PHYSICIAN:** Please complete the following sections

<b>Office Stamp:</b>	<b>Exam Date:</b>
	<b>Physician:</b>
	<b>Phone:</b>
<b>Physician Signature:</b>	

	Screening Requirement	Normal	Abnormal
Physical Examination	General Appearance		
	Eyes, ears, nose, mouth		
	Arms/Legs		
	Skin		
	Muscle/Bones		
	Heart		
	Lungs		
	Stomach/GI		
	Neurological/Cognitive		
	Urinary/Genitalia		
	Glands/Lymphatic/Thyroid		
	Speech/Communication		
	Dental Assessment		
	Nutritional Assessment		
	Developmental Screening		
	Behavioral Assessment		
	Tobacco Assessment		
	<b>Anticipatory Guidance Given?</b>	<b>Yes</b>	<b>No</b>

TB Exposure Risk Assessment/ TB Testing	
<input type="checkbox"/> Risk factors not present, TB Test not required <input type="checkbox"/> Risk factors present	
<b>TB Test performed (#1 or 2):</b> Date test given: _____	
1. <input type="checkbox"/> Skin Test Date read Skin Test: _____ Results (skin) _____ mm Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
2. <input type="checkbox"/> Blood Test (IGRAs): <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
Chest X-Ray (If Positive Test for #1 or 2): Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

Immunizations Received during Exam:	
<input type="checkbox"/> None, child is up-to-date <input type="checkbox"/> DTap <input type="checkbox"/> MMR <input type="checkbox"/> Polio <input type="checkbox"/> Varicella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib (after 1 year old)	

Head Start Staff Only :
<b>Date Received</b> ____ / ____ / ____ <b>Staff Initials:</b> _____

Required Tests/Evaluations	
<b>Blood Pressure</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Systolic/Diastolic _____	
<b>Growth Assessment</b> <input type="checkbox"/> Normal Weight <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight Height: _____ Weight: _____ BMI % _____	
<b>Treatment Plan for Under/Overweight (i.e. referrals):</b>	
<b>Hearing Screening</b> Audiometric <b>Results:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Uncooperative	<b>Vision Screening</b> Visual Acuity Test <b>Results:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Uncooperative
<b>Anemia Risk Assessment</b> 1. Do you ever struggle to put food on the table? <input type="checkbox"/> No <input type="checkbox"/> <b>Yes - If Yes, Hgb/Hct test is required</b> 2. Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans? <input type="checkbox"/> Yes <input type="checkbox"/> <b>No - If No, Hgb/Hct test is required</b> -----	
<b>Hemoglobin/Hematocrit</b> <i>(Test or Risk Assessment required each year)</i> Date: _____ <b>Test Results:</b> _____ mg/dL or % Anemia? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Treatment Plan for Anemia:</b>	
<b>Blood Lead Test</b> <i>(At least one done at 24 months or older)</i> Date: _____ <b>Result Value:</b> _____ <b>Treatment Plan for High Lead Levels:</b>	

Is child under treatment for any of the following?	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severe Allergy: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are emergency medications needed at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Restrictions, Abnormal Findings, Diagnosis, and Follow-Up:



# County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

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WILMA J. WOOTEN, M.D.  
PUBLIC HEALTH OFFICER

September 1, 2015

Dear Medical Provider:

## LEAD TESTING AND SCREENING IN CHILDREN

The Childhood Lead Poisoning Prevention Program (CLPPP) of the County of San Diego Health and Human Services Agency strongly encourages physicians to provide lead screening testing to children presenting, who are attempting to enroll in Head Start. Head Start programs are required to ensure that all enrolled children between the ages of 12 months and 72 months of age receive a lead toxicity screening.

### The requirements for a child enrolled in Head Start are:

- For a child enrolled before the age of 12 months, the program must obtain documentation that blood lead tests were conducted for the child at the ages of 12 *and* 24 months;
- If there is no documentation that a blood lead test was performed at 12 months, for a child enrolled between 12 and 24 months of age, a blood lead test must be performed as soon as possible. A second blood lead test will be required at 24 months of age;
- The program is required to obtain documentation that a blood lead test was performed at 24 months of age, or soon thereafter, for a child enrolled at age 24 months or older.

San Diego County ranks third in 2012 among California counties for having the highest number of lead poisoned children. Children living in San Diego County are particularly vulnerable because of the abundance of older housing stock and the proximity to the border where cultural traditions that may be associated with lead toxicity frequently accompany immigrant families into San Diego. Lead is a neurotoxin that is harmful to developing young children even at low levels and can cause irreversible damage to a developing brain and other body systems.

Please contact the Childhood Lead Poisoning Prevention Program at (619) 692-8487 for further information about testing, case management services, education and outreach, or to request educational materials.

Live Well!



WILMA J. WOOTEN, M.D., M.P.H.  
Public Health Officer  
Director, Public Health Services

WJW: