



## Early Learning Program

### PHYSICAL EXAMINATION

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

#### HEALTH HISTORY – (This portion to be completed by parent.)

Check and/or date each of the following that are applicable to this child.

Chickenpox \_\_\_\_\_ Asthma \_\_\_\_\_ Eczema \_\_\_\_\_ Heart Condition \_\_\_\_\_ Epilepsy \_\_\_\_\_

Birth Injury \_\_\_\_\_ Serious Injury \_\_\_\_\_ Allergy (Specify) \_\_\_\_\_

Operation (Specify) \_\_\_\_\_

Does this child have frequent: (Please ✓ those that apply.)

Headaches \_\_\_\_\_ Joint Pain \_\_\_\_\_ Ear Problems \_\_\_\_\_ Sore Throat \_\_\_\_\_

Coughs \_\_\_\_\_ Stomach Pain \_\_\_\_\_ Colds \_\_\_\_\_ Eye Symptoms \_\_\_\_\_

Other (Explain) \_\_\_\_\_

**This entire portion to be completed by clinic.**

#### MEDICAL EXAMINATION

Height \_\_\_\_\_ Weight \_\_\_\_\_ Vision: R \_\_\_\_\_ L \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Tuberculin Test: Date \_\_\_\_\_ Results \_\_\_\_\_ Blood Pressure \_\_\_\_\_

(High Risk Only)

**\*Lead Screening: Date \_\_\_\_\_ Results \_\_\_\_\_ \*\*Hemoglobin \_\_\_\_\_**

*\*Head Start requires documentation that each enrolled child has had a lead screening blood test between the ages of 12 months and 60 months.*

*\*\*Head Start requires documentation that each enrolled child has a current hemoglobin screening blood test.*

Immunizations given today: \_\_\_\_\_

Physical findings of significance to school life of child: Any current health problems, medications, etc.

#### SCHOOL RECOMMENDATIONS

Activity should be restricted \_\_\_\_\_ Length of time \_\_\_\_\_

Special attention is needed for: \_\_\_\_\_

Follow-up by PHN has been recommended \_\_\_\_\_

General Condition: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

**EXAM DATE:** \_\_\_\_\_ **PHYSICIAN'S SIGNATURE** \_\_\_\_\_

**CLINIC:** \_\_\_\_\_

Send completed form to:

Prairie Ridge Early Learning School, 3031 Epiphany Lane, Eau Claire WI 54703

715-852-3630

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