

# FORM N-1

## Stockbridge-Munsee Community | Electa Quinney Head Start CHILD HEALTH RECORD-PHYSICIAN EXAMINATION

Child's Full Name

Date of Birth

Date

Physician's Name

Date of Last Physical Exam

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### Relevant Information

(Screening Tests REQUIRED by Head Start and recommended by the American Academy of Pediatrics for Children 3-5 years.)

### RESULTS

Enter at a Minimum N-Normal, S-Suspect, A-Atypical/Abnormal

Present Age

Height

Weight

Bp

Hematocrit (Hemoglobin)

Lead

Hearing

Right

Left

Hearing Rescreen Recommended  - Yes Vision  - No

(Type of Test)

Acuity

Right

Left

Strabismus  - Yes  - No

Vision Rescreen Recommended  - Yes  - No

Comments

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Allergies  - Yes  - No Explain

If Allergic to Milk Please Indicate Acceptable Alternative

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Other Tests (As Indicated)

TB

Sickle Cell

Ova & Parasites

Urinalysis

Other (Type of Test)

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### Physical Examination

General Appearance  - Normal  - Abnormal  - Not Evaluated

Posture/Gait  - Normal  - Abnormal  - Not Evaluated

Speech  - Normal  - Abnormal  - Not Evaluated

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Head  - Normal  - Abnormal  - Not Evaluated

• Eyes (Ext. Aspects, Optic, Fundoscopic, Cover Test)  
 - Normal  - Abnormal  - Not Evaluated

• Ears (Ext Canals, Tympanic Membrane)  
 - Normal  - Abnormal  - Not Evaluated

• Nose, Mouth, Pharynx  - Normal  - Abnormal  - Not Evaluated

• Teeth  - Normal  - Abnormal  - Not Evaluated

• Heart  - Normal  - Abnormal  - Not Evaluated

• Lungs  - Normal  - Abnormal  - Not Evaluated

• Abdomen (Incl Hernia)  - Normal  - Abnormal  - Not Evaluated

• Genitalia  - Normal  - Abnormal  - Not Evaluated

Comments General Appearance, Posture/Gait, Speech, Head, Eyes, Ears, Nose, Mouth, Pharynx, Teeth, Heart, Lungs, Abdomen, Genitalia

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## Physical Examination (Continued)

Communication Skills  - Normal  - Abnormal  - Not Evaluated

Cognition  - Normal  - Abnormal  - Not Evaluated

Self-Help Skills  - Normal  - Abnormal  - Not Evaluated

Glands (Lymphatic/Thyroid)  - Normal  - Abnormal  - Not Evaluated

Muscular Coordination  - Normal  - Abnormal  - Not Evaluated

Other  - Normal  - Abnormal  - Not Evaluated

## General Statement on Child's Physical Status

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Abnormal Findings/Diagnosis

Treatment Plan

Recommended Follow-Up/Date

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SIGNATURE

Physician's Signature

Date of Examination