

Mercer County Head Start/Early Head Start/PA Pre-k Counts



Child Health Assessment
724-346-4482



Child's First Name:	Last Name:	Date of Birth:
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Health history and medical information pertinent to routine child care and emergencies:

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Allergies to food or medicine (describe if any):

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LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE

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PHYSICAL EXAMINATION	X = NORMAL	IF ABNORMAL - COMMENTS
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		

*******PLEASE ATTACH A COPY OF IMMUNIZATION RECORD*******

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SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
Hearing - Starting at age 3		
Vision - Starting at age 3		
Lead		
Anemia (HGB/HCT)		

Health problems or special needs, recommended treatment/medications/special care:

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MEDICAL CARE PROVIDER (Please print name):	SIGNATURE OF PHYSICIAN OR CRNP:
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ADDRESS:	PHONE:	LICENSE NUMBER:	DATE OF EXAM:
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