

PHYSICAL EXAMINATION: To be completed by health care provider approved to perform health assessments

Height _____ Weight _____ Hgb of Hct _____
 Pulse _____ Blood Pressure _____ Lead _____
 Urinalysis _____ Sickle Cell _____ Other _____
 Tuberculosis _____ Head Circumference _____

Code Each Item as Follows:	Code	Description of Findings
0 = No significant findings		
1 = Significant findings		
General Appearance		
Integument		
Head – Neck		
EENT		
Oral – Dental		
Thorax		
Breasts		
Cardiovascular		
Abdomen		
Musculoskeletal		
Genitourinary		
Neurological		

SCREENING

1. Nutritional Evaluation (all ages – each screen) (check if applicable) Nutrition/WIC Questionnaires available from (785) 296-0092.

Enrolled in WIC Receiving Vitamin Supplement with Iron Without Iron Fluoride Supplement

Food intake review. Results:

Milk/milk products (breastfed/type of formula) _____
 Fruit/vegetables _____
 Meat,beans,eggs _____
 Breads, cereals _____

2. Development: Type of Screen _____ Results _____
 3. Speech: Type of Screen _____ Results _____
 4. Hearing: Type of Screen _____ Results _____ Date of last screen _____
 5. Vision: Type of Screen _____ Results _____ Date of last screen _____

Significant Assessment Findings:

Anticipatory Guidance: (circle those discussed)

- | | |
|--------------------|----------------|
| 1. Safety/poisons | 8. Lifestyle |
| 2. Nutrition | 9. Development |
| 3. Parenting | 10. Behavior |
| 4. Family Planning | 11. Sexuality |
| 5. Discipline | 12. Dental |
| 6. Immunizations | 13. Other |
| 7. Hygiene | |
- Comments:

Recommendations: (Include referrals)

Follow Up:

Additional Information may be attached.

_____ Date

_____ Signature of Licensed Physician or Nurse approved to perform health assessments.

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