

Eastern Panhandle Preparatory Academy

Physical Exam

Child's Name _____ (304) 850-6038 Date Exam Completed _____

Birthdate _____

HCT/HGB _____

Lead Blood test score _____

Lead risk assessment: low __ high _____

TB Risk Assessment: TB Needed Yes No

Height: _____ Weight: _____

General Appearance _____

PHYSICAL EXAM/ASSESSMENT	NORMAL	ABNORMAL	REFER	NOT EVAL
Posture: Galt	☐	☐	☐	☐
Speech	☐	☐	☐	☐
Head	☐	☐	☐	☐
Skin	☐	☐	☐	☐
Eyes External aspects	☐	☐	☐	☐
Oplic fundoscopic	☐	☐	☐	☐
*Cover lost screening	☐	☐	☐	☐
Ears External Canal	☐	☐	☐	☐
Hearing	☐	☐	☐	☐
Nose: Mouth, Pharynx	☐	☐	☐	☐
Teeth	☐	☐	☐	☐
Heart	☐	☐	☐	☐
Lungs	☐	☐	☐	☐
Abdomen (include hemia)	☐	☐	☐	☐
Genitalla	☐	☐	☐	☐
Bones: Joint: Muscles	☐	☐	☐	☐
Cross motor	☐	☐	☐	☐
Communication skills	☐	☐	☐	☐
Cognitive	☐	☐	☐	☐
Self-help skills	☐	☐	☐	☐
Social skills	☐	☐	☐	☐
Glands (Lympharic/Thyroid)	☐	☐	☐	☐
Muscular Coordination	☐	☐	☐	☐
Other	☐	☐	☐	☐

Allergic to _____ Reaction _____

Prescribed medications _____ For: _____

Follow up Needed: No. Yes. Reason _____

Signature: _____

Printed: _____

Address: _____

Phone _____

Phone:

Eastern Panhandle Preparatory Academy

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ORAL CONDITION

Key

- X Missing
- Decayed
- Filled

UPPER

LEFT

RIGHT

LOWER

.....

Number of times per day child brushed teeth _____

Gum Condition: ☐ Normal ☐ Swollen ☐ Bleeds Easily ☐ Infected

Dental Needs:

☐ None ☐ Treatment ☐ Cleaning ☐ Fluoride Supplement ☐ Oral Hygiene Instruction

☐ Other: _____

Follow-up Needed: No Yes Reason _____

Signature: _____	Stamp: _____
Printed: _____	
Address: _____	
Phone: _____	

Return to: Eastern Panhandle Preparatory Academy Pre-K / Head Start

(304) 850-6038