

PHYSICAL EXAMINATION

This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Weight ____% Height ____%

Heart ____ Chest ____ Throat ____ Neck ____ Abdomen ____

Abd/GU ____ Ext. ____ Neurological System _____

Teeth ____ Skin ____ Head ____ Eyes ____ Ears ____ Nose ____ Vision ____ Hearing ____

Should activities be limited? ____ Yes ____ No If yes, explain _____

Recommendations: _____

Has this child been screened for lead at 12 and 24 months of age, or once before the age of six? ____ yes ____ no

Results of TB Test, if given: Type ____ Date ____ Normal ____ Abnormal ____ followup ____

Developmental Evaluation: ____ Delayed ____ Age appropriate

If delay, note significance and special care needed: _____

Any other recommendations? _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Per state law you are required to submit your child's immunization and physical within 30 days of the child's enrollment date.