NORTHERN TIER COMMUNITY ACTION CORP.

POST OFFICE BOX 389, EMPORIUM, PENNSYLVANIA 15834
VOICE: (814) 486-1161 / FAX: (814) 486-0519

Child Health Program / Physical Examination

Attention Health Care Provider –This form must be complete to ensure compliance with Pre-K Counts Regulations.

Child's Name: _____ Sex: _____ Date of Birth: _____

Center: Pre-K Counts Emporium_____

Height in Inches: _____ Weight: _____ Blood Pressure: _____ Vision: _____ Hearing: _____

Please Indicate Each Assessment

General Appearance	Normal _____	Abnormal _____
Eyes	Normal _____	Abnormal _____
Ears	Normal _____	Abnormal _____
Nose, Throat, Pharynx	Normal _____	Abnormal _____
Teeth	Normal _____	Abnormal _____
Heart	Normal _____	Abnormal _____
Lungs	Normal _____	Abnormal _____
Bones, Joints, Muscles	Normal _____	Abnormal _____

Developmental Status (speech, gross motor, fine motor, cognitive): _____

_____

General Assessment of Child's Health: _____

_____

Mental Health Issues:_____

_____

Please note most recent results: Lead Testing _____
Hemoglobin_____

Results must be written or typed, N/A is **not an accepted result**

Is This the Child's Medical Home? Yes No
Is Child Currently under Dentist's Care? Yes No
Abnormal Findings/Diagnosis: _____

_____ _____ _____
Physician's Signature Date Telephone

***** Please attach child's current Immunization Record *****

Northern Tier Community Action Corporation is an Equal Opportunity Employer and Provider of Services

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