Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth

Weight:lbs. Height:ftin.	Referred for evaluation or treatment
Weight:lbs. Height:ftin. Body Mass Index (BMI):BP	2 3 1 2 3
EPSDT Screens Required for Head Start – include specific results and date:	Skin
EPSDT Screens Required for Head Start – include specific results and date:	Genital G
EPSDT Screens Required for Head Start – include specific results and date:	
EPSDT Screens Required for Head Start – include specific results and date:	Urinary D
EPSDT Screens Required for Head Start – include specific results and date:	
EPSDT Screens Required for Head Start – include specific results and date:	
Blood Lead: Hct/Hgh	
neurgo	
Assessed for: Assessment Method: Within normal Concern identifie	ed: Referred for Evaluation
Emotional/Social	
Emotional/Social Problem Solving Language/Communication Fine Motor Skills	
Problem Solving Language/Communication	
Fine Motor Skills	
Gross Motor Skills	
☐ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.	
Dept. ☐ 1000 2000 4000 ☐ Referred to Audiologist/ENT	☐ Unable to test – needs rescreen
B 1000 2000 4000 □ Referred to Audiologist/ENT □ Permanent Hearing Loss Previously in the property of the prop	identified: Left Right
L	_
☐ Screened by OAE (Otoacoustic Emissions): ☐ Pass ☐ Refer	
With Corrective Lenses (check if yes)	
Stereopsis	olem Identified: Referred for treatment
	Problem: Referred for prevention
NoF	Problem: Referred for prevention Referral: Already receiving dental care
☐ Pass ☐ Referred to eye doctor ☐ Unable to test – needs rescreen ☐ No F	•
☐ Pass ☐ Referred to eye doctor ☐ Unable to test – needs rescreen ☐ No F Summary of Findings (check one):	•
☐ Pass ☐ Referred to eye doctor ☐ Unable to test – needs rescreen ☐ No F Summary of Findings (check one):	Referral: Already receiving dental care
☐ Pass ☐ Referred to eye doctor ☐ Unable to test – needs rescreen ☐ No F Summary of Findings (check one):	Referral: Already receiving dental care
☐ Pass ☐ Referred to eye doctor ☐ Unable to test – needs rescreen ☐ No F Summary of Findings (check one):	Referral: Already receiving dental care
Summary of Findings (check one): Well child; no conditions identified of concern to school program activities Conditions identified that are important to schooling or physical activity (complete sections below and/or expla	Referral: Already receiving dental care
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Summary of Findings (check one): Well child; no conditions identified of concern to school program activities Conditions identified that are important to schooling or physical activity (complete sections below and/or explanting the section and the section a	ain here): □ other:
Summary of Findings (check one): Well child; no conditions identified of concern to school program activities Conditions identified that are important to schooling or physical activity (complete sections below and/or explanting the section below and/or explanting the	ain here): □ other:
Pass	ain here): other: /or available at school

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