



CUI Creative Start Children's Centers
 4 Militia Drive, Suite 1, Lexington, MA 02421
 Tel: 617-744-6076

Newton Waltham Woburn Burlington

Child's Name: _____
 (Please Print)

Date of Birth: _____

This physical is for: *(Please check one)*

Preschool: 3 years ____ 4 years ____ **Toddler:** 15 months ____ 18 months ____ 24 months ____ **Infant:** 2 months ____ 4 months ____ 6 months ____ 9 months ____ 12 months ____

Immunization History: please fill in dates given

Vaccines	1	2	3	4	5
IPV					
DTAP					
HEP B					
HIB					
MMR					
PCV					
VARICELLA					
HEP A					
ROTA VIRUS:					
INFLUENZA					

Allergies:

Chicken Pox: (if applicable)
 Evidence of Disease ____/____/____

Medications:

Height: _____ Weight: _____ BMI: _____
 Head Circumference: _____
 Blood Pressure: _____

Required Screenings for Head Start & Early Head Start enrollment:

Hematocrit Result _____ Date: _____
or
 Hemoglobin Result _____ Date: _____

Lead Screen: (yearly to age 3) Result _____ Date: _____

Tuberculosis Screening: Result _____ & Date _____ or Low Risk

*Vision Acuity Screen:	Left:	Right:	Date:
*Hearing Screen:	Left:	Right:	Date:
Dental Screening:	Result:		Date:

*** Head Start & Early Head Start programs require all children, regardless of age, to have Hearing & Vision screenings.**

Medical History: *Medical History is Within Normal Limits (WNL) unless noted specifically below:*

Date of physical: _____ **Physician's Signature:** _____

Health Center: _____ **Physician's Name** (please print) _____

Address: _____ **Phone #:** _____