

**Doña Ana County Head Start**

**PHYSICAL & DENTAL QUESTIONS**

**FOW/PIA's Please ask Parents to complete form & return to Health Specialist.**

**CENTER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**1. Has your child had a physical exam? YES NO**

**If yes, name of the doctor:** \_\_\_\_\_

**If yes, what date was the exam completed:** \_\_\_\_\_

**2. Has your child had a dental exam? YES NO**

**If yes, name of the dentist:** \_\_\_\_\_

**If yes, what date was the dental completed:** \_\_\_\_\_

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