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: _______________________________