

MIDDLE CHILDHOOD

	6 YRS	8 YRS	10 YRS	11 YRS Optional	12 YRS
●- To be performed S- Subjective by history O- Objective by history A- At risk Δ- If not performed at school					
HISTORY					
Initial/Interval	●	●	●	●	●
MEASUREMENTS					
Height and Weight	●	●	●	●	●
Head Circumference					
Blood Pressure	●	●	●	●	●
BMI	●	●	●	●	●
SENSORY SCREENING					
Vision	O	O	O	<----- O -----	
Hearing	Δ	Δ	Δ	S	S
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT	●	●	●	●	●
PHYSICAL EXAMINATION	●	●	●	●	●
PROCEDURES - GENERAL					
Hereditary / Metabolic Screening					
Immunization	●	●	●	●	●
Hematocrit or Hemoglobin				A	A
Menstruating Females				A	A
Urinalysis				A	A
PROCEDURES-PATIENTS AT RISK					
Lead Screening					
Tuberculin Test	A	A	A	A	A
Cholesterol Screening	A	A	A	A	A
STD Screening				A	A
Pelvic Exam				A	A
ANTICIPATORY GUIDANCE					
Injury Prevention	●	●	●	●	●
Violence Prevention	●	●	●	●	●
Sleep Positioning Counseling					
Nutrition Counseling	●	●	●	●	●
DENTAL REMINDER	S	S	S	S	S