RECEIVED 5/23/17 KM

LEADS LEADS HealthChek/Medical Examination

Return to: Kristi Muirfield LEADS Head Start/Early Head Start 601 Sunbury Rd, Delaware, OH Fax: 740-363-7627	Child's Name: Marlow Alsaadon DOB: 5/9/13

MANADATORY EPSDT HealthChek Screenings:	Date child received screen	Results	Does child need follow-up? Y/N
Hearing	N/A		NO
Vision	N/A		NO
Height	36.2"		
Weight	40 lbs		
BMI	15.62		
Blood Pressure	100/60		
Hct/Hgb	6/27/16	38.2/13.3	
Lead level- can be from 12 or 24 months of age.	6/27/16	<2	

Is treatment needed?	Is treatment complete?
___Yes ___No ___N/A For what?	___Yes ___No ___N/A
Is additional testing needed? **For what?** ___Yes ___No ___N/A	**Comments:**

Please complete the following based on IFS form # 01305 (Rev 3/2015)	Physician/Physicians' Assistant/Advanced Practice Nurse/Certified Nurse Practitioner Completes *check all that apply*			Parent Declined *Parent initial any that have been declined and sign below*
Diseases for Immunization:	**Immunization in Process or Complete**	**Medically Contraindicated**	**Not Medically Appropriate for Age of Child**	
Chicken pox	☒	☐	☐	
Diphtheria	☒	☐	☐	
Haemophilus influenzae type b	☒	☐	☐	
Hepatitis A	☒	☐	☐	
Hepatitis B	☒	☐	☐	
Influenza Seasonal Vaccine Not Available	☒	☐	☐	
Measles	☒	☐	☐	
Mumps	☒	☐	☐	
Pertussis	☒	☐	☐	
Pneumococcal disease	☒	☐	☐	
Poliomyelitis	☒	☐	☐	
Rotavirus	☒	☐	☐	
Rubella	☒	☐	☐	
Tetanus	☒	☐	☐	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

☐ I have declined to have my child immunized against one or more of the diseases listed above for reasons of conscience, including religious convictions. Signature of Parent:

*List any limitations or health conditions for this child (including allergies, daily medications, and dietary restrictions):

This is to certify the following:

- This child is up-to-date according to the Ohio EPSDT schedule for preventive and primary health care.
- I have examined this child and found that s/he is in suitable condition for participation in group care.

Signature of Examining Physician/Physician's Assistant/Advanced Practical Nurse	Date of Examination
	5/15/17

Name address, phone of Physician/Physician's Assistant/Advanced Practical Nurse

Community Pediatrics, Inc.
Shaas F. Kasheer, MD
3866 Brown Park Drive,
Hilliard Ohio, 43026
(614) 876-1844

Ohio Administrative Code Rules 5101.2-12-37 require that this examination be given no more than twelve months prior to the date of admission to the child care center or Type A home.

HSAC approval 05/13/2015

RECEIVED 7/6/16 KM

LEADS LEADS HealthChek/Medical Examination

Return to:
LEADS Head Start/Early Head Start Delaware Center
607 Sunbury Rd., Delaware, OH 43015
Phone: 740.363.8810 Fax: 740.363.7627

Child's Name: Mansour AlSaadon DOB: 5/9/13

MANADATORY EPSDT HealthChek Screenings:	Date child received screen	Results	Does child need follow-up? Y/N
Hearing	N/A		
Vision	N/A		
Height	6/10/16	40.1	
Weight	6/10/16	37.8	
BMI	6/10/16	17.51 kg/m2	
Blood Pressure	6/10/16	101/56	
Dental	6/7/16	35-2133	
Lead level- can be from 12 or 24 months of age.	6/27/16	<2	

Is treatment needed? ____Yes ____No ____N/A For what?

Is treatment complete? ____Yes ____No ____N/A

Is additional testing needed? For what? ____Yes ____No ____N/A

Comments:

Please complete the following based on JFS form # 01305 (Rev 3/2015)

Physician/Physicians' Assistant/Advanced Practice Nurse/Certified Nurse Practitioner Completes *check all that apply*

Diseases for immunization:	Immunization in Progress or Complete	Medically Contraindicated	Not Medically Appropriate for Age of child	Parent Declined *Check any that have been declined and sign below*
Chicken pox	☑	☐	☐	
Diphtheria	☑	☐	☐	
Haemophilus influenzae type b	☑	☐	☐	
Hepatitis A	☑	☐	☐	
Hepatitis B	☑	☐	☐	
Influenza ☒ Seasonal Vaccine Not Available	☐	☐	☐	
Measles	☑	☐	☐	
Mumps	☑	☐	☐	
Pertussis	☑	☐	☐	
Pneumococcal disease	☑	☐	☐	
Poliomyelitis	☑	☐	☐	
Rotavirus	☑	☐	☐	
Rubella	☑	☐	☐	
Tetanus	☑	☐	☐	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

☐ I have declined to have my child immunized against one or more of the diseases listed above for reasons of conscience, including religious convictions. Signature of Parent:

*List any limitations or health conditions for this child (including allergies, daily medications, dietary restrictions):

This is to certify the following:

- This child is up-to-date according to the Ohio EPSDT schedule for preventative and primary health care.
- I have examined this child and found that s/he is in suitable condition for participation in group care.

Signature of Examining Physician/Physicians Assistant/Advanced Practical Nurse	Date of Examination
	6/10/16

Name address, phone of Physician/Physicians Assistant/Advanced Practical Nurse

Community Pediatrics, Inc.
Enaas F. Kasheer, MD. FAAP
3966 Brown Park Drive, C & D
Hilliard Ohio 43026
(614)876-1304

Ohio Administrative Code Rules 5101:2-12-06 and 5101:2-13-06 require that a health examination be given no more than twelve months prior to the date of admission to the child care center or type A home.

HSAC approval 05/13/2015

Ohio Department of Health * Immunization Program

Vaccine Administration Record

ALSAADON, MANSOUR HAMOD (DOB:5/9/2013)

Lead Test Result:	2.000	VFC Eligibility:	Is Eligible
Lead Test Date:	6/27/2016	Next Appt:	5/9/2024 7:00 AM
		Immunization Status:	Up to Date

Report Date: **5/30/2017** | Practice Name: **COMMUNITY PEDIATRICS, INC.** | Clinic Name: **COMMUNITY PEDIATRICS, INC.** | Provider Name: **ENAAS KASHEER**

Group	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7
DTP	07/12/13 Daptacel	10/04/13 Pentacel	11/22/13 DTP-UNK	08/22/14 Daptacel	05/15/17 Daptacel		
FLU	11/22/13	12/23/13	09/27/14	05/15/17			
HAV	05/09/14	05/13/15					
HBV	05/10/13	06/14/13	11/22/13				
HIB	07/12/13	10/04/13	11/22/13	06/06/14			
MMR	05/09/14	05/15/17					
PNE	07/12/13	10/04/13	11/22/13	06/06/14			
POL	07/12/13	10/04/13	11/22/13	05/15/17			
Rotavirus	07/12/13	10/04/13	11/22/13				
VAR	05/09/14	05/15/17					

Note: Vaccine forecasting and evaluation is a tool to use for your benefit. It is not meant to replace onsite evaluation from the provider.
* The Immunization Status is evaluated based on the Consensus recommendations of the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP) and Immunization Practices Advisory Committee (ACIP).