05/23/2017 TUE 8:22 FAX

2003/003

S/23/17 EM LEADS HealthChek/Medical Examination

1140-000-040-0	ti Murfiel			}		
LEADS Head Start/E	ary Raid	Norma		Child's Name: Mans o	ur Alsandon D	OB: <u>5/9/13</u>
MANADATORY	140 - 363 - Duta child	1641	Does child	is treatment needed?	Istreatment	complete?
EPSDT HealthChek	received		nead follow-		is treatment	Completer
Maritimo and an analysis of the control of the cont	SCCROU	Result	ts up? Y/N	Voc. No. N	/A You	No. N/A
Screenings:	WA		1/0	YesNoN For what?	/A	NoN/A
Hearing Vision			100	- Por wnasr		
Height	3/6.71		1 / 90			
Weight	401hs			is additional testing ne	eded? Comments:	
8MI	15-102			For what?		1
Blood Presyure	100/60		1			
Hct/Hgb Lead level- can be from	6/27/16	38.7	73.5	YesNoN	/A	
12 or 24 months of age.	6/27/16	40				MEST UNI
*Please complete the on JFS form # 01305 (ans' Assistant/Advanced P Nurse Practitioner Compi check all that apply	letes	Parent Declined Parent initial any
Diseases for Immunization:			Immunization in ocess or Comple		Not Madically Appropriate for Age of Child	that have been declined and sign below
Chicken pox			∑ ⊵¹`			
Diphtheria			(ES)			
Haemophilus influent	zae type b		M			
Hepatitis A			'AJ			
Hepatitis B			X			
Influenza						
☐ Seasonal Vaccine	Not Available	ı	—			
deasles						
Mumps			<u> </u>	<u> </u>		
Pertussis	**		মি			
Pneumococcal disease		_				
			NO NO		 	
	Pollomyelitis					
Rotavirus			×			
Rubella			X			
Tetanus			N.			
				RECORD WITH DATES OF		
				or more of the diseases lis	ted above for reasons o	f conscience,
including religious co				ding allergies, daily medic	Mana and distance	tetland.
LIST BRY INNITACIONS C	r neakk condi	cions for	tnis ciuid (incivi	built aneither, can't medic	ations, and discary restr	retions]:
	p-to-date acco			schedule for preventive an ultable condition for partic		
Signature of Examinin	ng Physician/Pt	yslďan'	s Assistant/Adva	inced Practical Nurse	Date of Examination	117
Name address, phor	ne of Physician	n/Physic	ian's Assistant	Advanced Practical Nur	se ിാണസ്ഥ	nity Pediatriso,

Chaas F. Kasheer, 2001. 2966 Brown Park ଲିଆକ୍ର,

Hilliard Chio,

Ohio Administrative Code Rules 5101.2-12-37 require that this examination be given no more than twelve morning prior to the date HSAC approval 05/13/2015 of admission to the child care center or Type A home.

06/03/2016 FRI 8:57 FAX

2004/004

LEADS HealthChek/Medical Examination

(The state of the										
Return to:										94
LEADS Mead Start/Early Head S							-1-1-			
607 Sunbury Rd., Delaware, Ol	H 4301	5		Child's Nam	e: Man:	sour f	11 Saade	2	ÞO€	1: 5/9/13
Phone: 740.363.8810 Fax: 7				6						a.
MANADATORY Date child			Does child	Is treatment	needed?		Is treat	mer	co	mplete?
EPSDT HealthChek received		Results	need follow-	90						•
Screenings:			M/A 2dn	Yes	NoN	ra I	Ye	5	No	0N/A
	A)			For what?						
Wision N/F		975. 31.								
Weight 101010		10:11		Is additional		The de			_	
100 H		25 10	Im Z	For what?	testing nee	1060 (Comm	ะกร		
Blood Pressure	2 10	1513	,,	ror what						
Lead level-car be from		7113	8	Yes	No. N	/A		1		
12 or 24 months of age.	10/2	2			_,,,,	• ,				
	_ '	24 2775	E vi 1 44 := 11 % Se		7.0 . 0 W. S H					
*Please complete the following b on IFS form # 01305 (Rev 3/2015)		Physician/Physicians' Assistant/Advanced Practice Nurse/Centified						Parant Deciinad		
011 H2 JOHN # 01305 [REV 3/2013]	,	Ì	,	Nurse Fractificiner Completes check of that gepty						Check any that
		-	intratton in	T Medi	777		10.10	S.	i	have been
Diseases for Immunization:			or combists				Medica priate fr			declined and sign
pracases to Libituatifacións:		4.4	A. AMMIRAGE	f sanciall	ellegizze	- Hillen	at child	L tuff		below
Chicken pox			TU		,		er anna	10.00	7	
Diphtherla			<u> </u>		2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	· · · · · · · · ·	75		***	
Haemophilus influenzae type b							+	-	;:	
Hapatitis A			1	THE YES		1-1-1-1			-	
Hepatitis B	-	n rest			-	- 1 32 (; 2)	= -	.,1,	4	
lofluenza								- :-	+ 77	
Seasonal Vaccine Not Available	ا ما	1	<u>بر الم</u>	<u> </u>		7	— . ·	24		
Measles		You a		7777		A	5	15.		
Mumps		1	LZZ Z		1-	to the second	1	2	,- °	
Pertussis		475		4-14-5		20.00			11-	
Pneumococcal disease						A PROPERTY OF THE PARTY OF THE	+:-	47.11		
Poliomyelitis		1000	D/		7	**************************************	Ħ	+2.5		
Rotavirus			ŪØ			· · · · · ·	103-10	-	-	
Rubella		115-201	TV .		7	- 13444110	1	÷:.	1.7	
Tetanus		2 -12 7				4/14		12:1	-4	
ATTACH A COPY OF T	HE CHII	D'S IMM	Michigan Co.	FCORD WITH	DATES OF	DOSES O	C ALL INS	14111	120	TIONS
I have declined to have my chi										
including religious convictions. Si							101700			F110-4112-4
*List any limitations or health cor				ng allergies, da	ily medica	tions, die	tary res	rict	อกร	l:
			\$50	50			•			7
This is to certify the following:										
 This child is up-to-date ac 	cordin	to the O	hio EPSOT so	hedule for prev	ventative a	nd prima	ry health	car		
 I have examined this child 										
Signature of Examining Physician				of Exan		on				
						6	110	1	0	
							4110		~	
				*****		_				
Name address, phone of Physic	ian/Ph	ysicians	Assistant/A	dvanced Prac	tical Nurse	?				
C	inc.									
En	aas F	. Kash	eer, MD. F	AAP						
396	own Pa	rk Drive,	C&D							
Ohio Administrative Code Rules 51	O1 HI	iard	10.43036	warnination he	given an n	nore ther	twelve	mon	he	gring to the date
of admission to the child care cent	er or T	614).8	6-1304	- AND STATE OF THE	Parent (10	ACT C LEGIS	. MEIAE			NI TOT TO DIE MANG
The state of the s		fare a direct	***** S				1			

HSAC approval 05/13/2015

5/30/2017

IMPACT Statewide Immunization System: Patients - Immunizations

Ohio Department of Health * Immunization Program

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

Lead Test Result Lead Test Date:

2,000 6/27/2016 VFC Eligibility:

Next Appt:

Immunization Status:

Is Eligible 5/9/2024 7:00 AM

Up to Date

Report Date: 5/30/2017 Practice Name: COMMUNITY PEDIATRICS, INC	Clinic Name: COMMUNITY DEDIATRICS INC.	Denvides Names CALA AC ICA CUEED
The state of the s	Office Idame. COMMUNITY FEDIATRICS, INC.	Provider Mame: ENAAS KASHEEK

Group	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7
י ו פוע	07/12/13	10/04/13	11/22/13	08/22/14	05/15/17		-
	Daptacel	Pentacel	DTP-UVK	Daptacel	Daptacel		
FLU	11/22/13	12/23/13	09/27/14	05/15/17			
HAV	05/09/14	05/13/15	- VI		27	10-60	
HBV	05/10/13	06/14/13	11/22/13			= 000000	
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		100 m		
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).

