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LEADS Early Head Start EPSDT HealthChek Form

Name of Child: Jahmari MossGender: (M) / FDOB: 8/17/2017Present Age: Years: _____ Months: 2Weight: 22.5 Weight: 12.10 BMI: 17.60

LABORATORY TESTS

Type of Test	Result of Test	Date of Test
Hematocrit or Hemoglobin	—	—
Blood Lead Test	—	—

PHYSICAL EXAMINATION

	NL	AB	NE	Comments: NL - Normal, AB - Abnormal, NE - Not Examined
General				
Skin				
Eyes: Red Reflex, Appearance, Light Reflex Symmetry				
Ears, TM's				
Nose				
Lips/Palate				
Teeth/Gums				
Tongue/Pharynx				
Neck/Lymph				
Chest/Breast				
Lungs				
Heart				
Abd/Umbilicus				
Genitalia				
Extremities				
Muscular				
Neurological				
Back				
Gross Motor				
Fine Motor				
Communication				
Cognitive				
Self-Help				
Social Skills				

VISION SCREENING

	Date	Passed	Failed
Vision Results			
Referrals Made? Yes _____ No _____			
Comments:			

HEARING SCREENING

	Date	Passed	Failed
Hearing Results			
Referrals Made? Yes _____ No _____			
Comments:			

ORAL HEALTH SCREENING

	Date	Passed	Failed
Oral Health Results			
Referrals Made? Yes _____ No _____			
Comments:			

OTHER - If at Risk

Additional Referrals? Yes _____ No _____	
Comment: _____	
Additional Tx Needed? Yes _____ No _____	
Comment: _____	
Additional Tx Complete? Yes _____ No _____	
Comment: _____	

Next Scheduled Appointment

Date: _____	Time: _____
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His 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.
- This child has had age appropriate immunizations recommended by the Ohio Department of Health.
- My office HAS ATTACHED A PRINTED RECORD OF THE IMMUNIZATIONS or found that this child should be exempt from immunizations for the following reasons: _____

Signature: _____
Examining Physician/Physician's Assistant/Advanced Practice NurseDate of Exam: 10.26.17Licking Memorial Pediatrics
One Healthy Place Ste 203Pataskala, OH 43082
220-564-1926 - Phone
220-564-1926 FaxRevised: 6/17
Approval: 6/17

ADS EHS Fax: Licking Co: (740)345-4303 Delaware Co: (740)363-7626 Union Co: (937)642-1996

11/3/18

RECEIVED
11/25/18

550-284-1858 Fax
550-284-1852 - Phone
Palaskas, OH 43085
One Healthy Place Ste 503
Picking Memorial Pediatrics

RECEIVED





LEADS Early Head Start EPSDT HealthChek Form



Name of Child: Jahmery Moss Gender: M / F DOB: 08/17/17
 Present Age: Years: 5 Months: 5 Height: 26.25 Weight: 18.3 BMI: 18.3

LABORATORY TESTS

Type of Test	Result of Test	Date of Test
Hematocrit or Hemoglobin		
Blood Lead Test		

PHYSICAL EXAMINATION

	NL	AB	NE	Comments: NL - Normal, AB - Abnormal, NE - Not Examined
General	✓			
Skin	✓			
Eyes: Red Reflex, Appearance, Light Reflex Symmetric	✓			
Ears, TMs	✓			
Nose	✓			
Lips/Palate	✓			
Teeth/Gums	✓			
Tongue /Pharynx	✓			
Neck/Nodes	✓			
Chest/Breast				
Lungs	✓			
Heart	✓			
Abd/Umbilicus	✓			
Genitalia				
Extremities	✓			
Muscular	✓			
Neuromotor	✓			
Back	✓			
Gross Motor	✓			
Fine Motor				
Communication	✓			
Cognitive				
Self-Help				
Social Skills				

VISION SCREENING

	Date	Passed	Failed
Vision Results			
Referrals Made? Yes _____ No _____			
Comments:			

HEARING SCREENING

	Date	Passed	Failed
Hearing Results			
Referrals Made? Yes _____ No _____			
Comments:			

ORAL HEALTH SCREENING

	Date	Passed	Failed
Oral Health Results			
Referrals Made? Yes _____ No _____			
Comments:			

OTHER - If at Risk

Additional Referrals? Yes _____ No _____
Comment: _____
Additional Tx Needed? Yes _____ No _____
Comment: _____
Additional Tx Complete? Yes _____ No _____
Comment: _____

Next Scheduled Appointment

Date:	Time:
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This is to certify the following:

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- My office HAS ATTACHED A PRINTED RECORD OF THE IMMUNIZATIONS or found that this child should be exempt from immunizations for the following reasons: _____



Signature: _____
 Examining Physician/Physician's Assistant/Advanced Practice Nurse

Date of Exam: 1.29.18

Office/Clinic Stamp:



Licking Memorial Pediatrics
 One Healthy Place Ste 203
 Pataskala, OH 43062
 220-564-1925 - Phone
 220-564-1926 Fax

Revised: 6/17
 HSAC Approval: 6/17