LEADS HealthChek/Medical Examination

Return to: LEADS Head Start/Early Head Start
P: 740-928-1123 F: 740-928-1609

MANDATORY EPSDT HealthChek Screenings:	Date child received screen	Results	Does child need follow-up? Y/N
Hearing	9/14/17	unable to complete	Y
Vision	9/14/17	✓	N
Height	9/14/17	43.9 inches	N
Weight		45lb 3oz	N
BMI		16.73 kg/m2	N
Blood Pressure		108/68	N

Required Blood Work	Date	Results	Follow-up?
Hct/Hgb	no labs available		
Lead level- can be from 12 or 24 months of age.			

Child's Name: Angus Adhikari DOB: 9-4-13
Center: Buckeye Lake

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

Amoxicillin
lachydin lotion - apply to arm legs as needed
albuterol inhaler - 2 puff every 4 hour as needed

Is treatment/testing needed?	Is treatment/testing complete?
___Yes X No ___N/A	___Yes ___No ___N/A
For what?	

*Please complete the following based on JFS form # 01305 (Rev 12/2016)	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*	☐	declined	☐	
Measles	declined	☐	☐	
Mumps	☐	from	☐	
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: _____

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:
Dr. Amelia Jackson	9.14.17

Name address, phone of Physician/Physician's Assistant/Advanced Practical Nurse:
NATIONWIDE CHILDREN'S PHYSICIANS
WHITEHALL PRIMARY CARE CENTER
561 S. YEARLING ROAD
COLUMBUS, OHIO 43213
P: 614-355-9800
F: 614-355-9810

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 07/17/2017