LEADS HealthChek/Medical Examination

Return to:	Child's Name:	DOB:
LEADS Head Start/Early Head Start	Leland Williams	11/11/2012

MANADATORY EPSDT HealthChek Screenings:	Date child received screen	Results	Does child need follow-up? Y/N
Hearing		N/A	
Vision		↓	
Height	02-15-2017	41"	
Weight	↓	34.6165	
BMI		14.52	
Blood Pressure		92/49	
Hct/Hgb		N/A	
Lead level- can be from 12 or 24 months of age.		↓	

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 JFS 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
Kristen Upchurch	02-15-2017

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

One Healthy Place, Suite 203
Pataskala, OH 43062

Ph (220) 564-1925
Fax (220) 564-1926

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 2.15.17 KA

ENTERED ON: 2.17 BY: KA