LEADS HealthChek/Medical Examination

Return to:
LEADS Head Start/Early Head Start

Child's Name: Brayden Taylor **DOB:** 9/24/13

MANADATORY EPSDT HealthChek Screenings:	Date child received screen	Results	Does child need follow-up? Y/N
Hearing	N/A		
Vision	N/A		
Height	11/18/16	36.75 in	
Weight	11/18/16	31.4 lbs	
BMI	11/18/16	16.47	
Blood Pressure	11/18/16	100/58	
Hct/Hgb	11/18/16	11.8 g/dL	
Lead level- can be from 12 or 24 months of age.	11/18/16	2ug/dL	

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 Complete *check all that apply*

Diseases for Immunization:	Immunization in Process or Complete	Medically Contraindicated	Not Medically Appropriate for Age of Child	Parent Declined *Parent initial 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 BOOSTER OR 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
	11/18/16

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

LICKING MEMORIAL PEDIATRICS
1865 TAMARACK ROAD
NEWARK, OHIO
(220)564-4940 FAX (220)564-4930

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

ENTERED ON: 11/29/16
BY: NF

RECEIVED 11/29/16 NF