[redacted] LEADS HealthChek/Medical Examination

Return to:
LEADS Head Start/Early Head Start

Child's Name: Violet Allen **DOB:** 6/26/14

MANADATORY EPSDT HealthChek Screenings:	Date child received screen	Results	Does child need follow-up? Y/N
Hearing	N/A		
Vision			
Height		36	
Weight		30 lb	
BMI			
Blood Pressure			
Hct/Hgb		14.0	
Lead level- can be from 12 or 24 months of age.		L	

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 IFS 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
[signature]	1/23/17

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

LICKING MEMORIAL PEDIATRICS
1865 TAMARACK ROAD
NEWARK, OHIO 43055
(220)564-4935 FAX (220)564-4944

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