LEADS HealthChek/Medical Examination

Return to:
LEADS Head Start/Early Head Start

Child's Name: Burch, Joseph **DOB:** 6-20-13

MANADATORY EPSDT HealthChek Screenings:	Date child received screen	Results	Does child need follow-up? Y/N
Hearing			
Vision			
Height	6-22-17	41"	no
Weight	6-22-17	39#	no
BMI			
Blood Pressure			
Hct/Hgb			
Lead level- can be from 12 or 24 months of age			

Is treatment needed? ___Yes (X) No ___N/A For what?

Is treatment complete? ___Yes ___No ___N/A

Is additional testing needed? For what? ___Yes (X) No ___N/A

Comments: (+) hyperactivity & disruptive behavior

*Please complete the following based on JFS form # 01305 (Rev 8/2015) See attached

Diseases for Immunization:	Physician/Physicians' Assistant/Advanced Practice Nurse/Certified Nurse Practitioner Completes check all that apply: 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 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): history of reactive airway / wheezing, negative allergy testing

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]	6-22-17

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

Licking Memorial Family Practice
150 McMillen Dr.
Newark, OH 43055

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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