EARLY & HEAD START PHYSICAL EXAM/ASSESSMENT

Child's Name: _____ Gender:_____ Birthdate:_____

WCC __0-1 month __2 month __4 month __6 month __9 month __12 month __15 month __18 month __24 month

Physical ___3 years ___4 years ___5 years

Date of Physical Examination/Assessment: *_____

Physical Exam/Assessment	Normal for Age	Abnormal	Not Evaluated
General appearance			
Skin			
Posture/Gait			
Eyes			
Ears, Nose, Mouth, Pharynx			
Teeth (EHS-Oral screening)			
Glands (Lymphatic/Thyroid)			
Lungs			
Heart			
Abdomen			
Genitalia			
Bones, Joints, Muscles			
Neurological			
Muscular Coordination			
Speech			
Social			
Other			

Measurement/Screenings	Results
Height	
Weight	
Head Circumference (under 12 mon)	
BMI (over 2 years)	
Blood Pressure (over 3 years)	
Hearing –tool used_____	
Vision –tool used _____	
Lead (Required age 12 & 24 months; yearly after 3yrs) **Date done:**	
Hgb or HCT (Required age 12 & 24 months and once after 3 years)) **Date done:**	
TB (If at risk)	
Sickle Cell (newborn screen)	
Are there any limitations or health Conditions including allergies, daily medication or dietary restrictions? If Yes, please list:_____ _____ _____ _____	

If there are any abnormal findings, please list and include any recommended follow-up: _____

* ***ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS***

Exceptions to Immunization requirement pursuant to 5104.014 ORC (please include Names of requirement diseases against which the child has not been immunized and whether it is because the immunization contraindicated, not medically appropriate for th e child's age, or declined by the parent)

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of Ohio Revised Code. Please note disease above and sign: Signature of Parent:_____ Date:_____

- ✓ The above named child has been examined and is in suitable condition for participation in group care. Child is up-to-date according to EPSDT guidelines.
- ✓ The above named child has been immunized in accordance with the requirements of section 5104.014 of Ohio Revised Code (please note any exceptions above)

Signature of examiner:_____

Name/Title of examiner:_____ Phone:_____

Address:_____

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*Provider's signature & office stamp