

EPSDT Well-Child Physical Exam – HEAD START/ECEAP/CCCC

Child's Name: _____ Date of Exam: ____/____/____

Wt. _____ Ht. _____	Vision R ___ L ___ Unable <input type="checkbox"/> Hearing <input type="checkbox"/> No Concerns <input type="checkbox"/> Abnormal Lead Screen Results: _____ ug/dL Finger Prick (If over 10ug/dL then venous blood draw is necessary)	Immunizations on schedule? Yes <input type="checkbox"/> No <input type="checkbox"/> List any immunizations given today:	Known Allergies:
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PHYSICAL:	Normal	Abnormal	Notes:
Head	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes/RR/Gaze	<input type="checkbox"/>	<input type="checkbox"/>	
ENT	<input type="checkbox"/>	<input type="checkbox"/>	
Neck/Nodes	<input type="checkbox"/>	<input type="checkbox"/>	
Chest/Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	
Extremes/Hips	<input type="checkbox"/>	<input type="checkbox"/>	
Back	<input type="checkbox"/>	<input type="checkbox"/>	
Gait	<input type="checkbox"/>	<input type="checkbox"/>	
Neuro	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	

EDUCATION / ASSESSMENT:

Nutrition/Diet Development Behavior Anemia Dental Safety Discipline Toilet Training Sleep Speech Mental Health	Notes:
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TREATMENT/RECOMMENDATIONS:

Is child up-to-date on a schedule of age-appropriate preventive and primary health care? Yes No

Provider Signature: _____ Date: ____/____/____

Print Provider Name: _____



COMMUNITY CHILD CARE CENTER

530 NW Larry Street Pullman, WA. 99163 (509) 334-9290

Head Start/ECEAP

Dear Health Care Provider,

This child is enrolled in the Community Child Care Center/ Head Start/ Early Childhood Education and Assistance Program. One of the health requirements is for the enrolled child to have an annual EPSDT physical examination to meet the requirements of the program.

Head Start requires a blood lead screening as part of the physical examination. Each child must be tested at 12 and 24 months of age. If a child between the ages 36 and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning.

If you have given this child a complete physical exam within the last year, another physical examination is not required at this time. If you are unable to fill out the attached form completely, please perform another physical examination. Please mail, fax, or have the parent return this completed form to the program.

Thank you for helping this family meet an important component of the program and achieve wellness for their child.

Sincerely,

Head Start/ECEAP/CCCC
Health & Nutrition Program Manager

Phone: (509) 334-9290

Fax: (509) 332-5108