Child Care Resources Pediatric Evaluation

Complete Form and return to: Muskingum County Head Start, 1580 Adams Lane, Zanesville, Ohio 43701 Phone# (740)454-6251 Fax # (740)454-7369

Child's Name (Please Print)	Date of Birth
Parent's Name	**Date of Exam:**

Height:_____ Weight:_____ B/P:_____ Hemoglobin: _____Date:_____ Lead: _____Date:_____

Vision Screening: *Right* 20/_____ *Left* 20/_____ Hearing Screening: Pass_____ Fail_____

Urinalysis Results_____ Speech Concerns? Yes_____ No _____

This is to certify that I have examined this child and found that:

Based upon his/her medical history and physical condition at the time of this examination, is free from apparent communicable disease and is in suitable condition to receive child day care and that this child is up to date on a schedule of age appropriate preventative and primary health care according to EPSDT schedule.

Required Immunizations **PLEASE ATTACH COPY OF SHOT RECORD**

Vaccine	In Process or complete	Medically Contraindicated	Not Medically Appropriate	Parent Decline **
DTaP	☐	☐	☐	☐
Polio	☐	☐	☐	☐
HIB	☐	☐	☐	☐
MMR	☐	☐	☐	☐
Varicella	☐	☐	☐	☐
Hep B	☐	☐	☐	☐
Prevnar	☐	☐	☐	☐
Hep A	☐	☐	☐	☐
Rotavirus	☐	☐	☐	☐
Flu	☐	☐	☐	☐

	Normal	Abnormal
Well nourished		
Well developed		
Skin		
Head		
Eyes		
Ears		
Nose		
Mouth		
Teeth		
Neck		
Chest		
Heart		
Abdomen		
Genitalia		
Extremities		
Neurological		

****Parent's signature for any immunizations declined**

☐ I have declined to have my child immunized against one or more of the disease listed above for reasons of conscience, including religious convictions

Parent Signature_____

Comments

List any handicaps, allergy or special health condition of the child:

Other concerns:

Name of Provider(please print)	Telephone Number
Address, City, State	
Providers Signature	Date of Signature