



Doctor's office to complete
Porfavor entregelo a su doctor

HEALTH EXAM FORM

Early Childhood Program - Fullana Learning Center
 220 N. Grant Ave. Ft. Collins, CO. 80521
 (970) 490-3101 Office / (970) 490-3134 Fax

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____ Health Provider (print) _____

- **EPSDT Screens Required for Head Start:** include specific results and date for Lead (blood) for children ages 12 and 24 months; or one Lead (blood) level after age 24 months (to age 5+) if none completed prior to this age.
- **Please Attach Current Immunization Record** per the Colorado Immunization Guidelines

Clinic to complete the following data:

<u>Height:</u>	<u>Weight:</u>	<u>Blood Pressure:</u>
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<u>Lab Test Results</u>	<u>Normal Result</u>	<u>Abnormal Result</u>	<u>Date of Lab Result</u>
HCT/ HGB:	% ____ / ____ gm/dL	% ____ / ____ gm/dL	____/____/____
1 st Lead Level:	_____ mcg/dL	_____ mcg/dL	____/____/____
2 nd Lead Level:	_____ mcg/dL	_____ mcg/dL	____/____/____

<u>Clinical Evaluation/ Appearance</u>	<u>Normal</u>	<u>Abnormal</u>	<u>If abnormal - Please Comment</u>
Skin			
Head/ Eyes/ Ears/ Nose / Throat			
Dental/ Oral			
Lymph Nodes			
Neck			
Lungs			
Cardiovascular			
Abdomen			
Genitourinary			
Musculoskeletal			
Reflexes/ Sensory			
Fine Motor Function			
Gross Motor Function			
Emotional/ Social Function			
Language/ Communication			

Does this child have a past or present medical history of the following?

- ADD/ADHD
 Asthma
 Bleeding/Clotting
 Bowel/Bladder
 Cerebral Palsy
 Cystic Fibrosis
 Developmental Delay
 Diabetes
 Head Injury
 Hearing Problems
 Heart Problem
 Orthopedic
 Recurrent Otitis Media
 Seizure/Epilepsy
 Vision problem
 Other (specify): _____

Restricted Activity (specify): _____ Assistive Device Use: _____

Medication: None Prescribed: _____

Allergy: None
 Seasonal
 Food: _____
 Insect: _____
 Drug: _____
 Other: _____

Response required: None
 Epinephrine / HCAP
 Other: _____

Referrals made during exam: _____

Exam Date: _____ **Health Care Provider Signature:** _____