

LICKING COUNTY EDUCATIONAL SERVICE CENTER
Evaluation & Early Education Department
Physician's Report – Medical Form

Child's Name _____
 DOB: _____ Current Age: _____
 Exam Date: _____

Return to:
 Flying Colors Public Preschool
 119 Union St.
 Newark, OH 43055
 Phone: (740) 349-1629 FAX: (740) 349-1644

MANDATORY EPSDT Health Check SCREENINGS

IMMUNIZATION DATES

	Date	Result		1	2	3	4	5
Height			DTaP					
Weight			Polio-Type					
BMI			MMR					
Blood Pressure			HIB					
Hct/Hgb			Hep B					
Lead Level			Varicella					
<i>Please indicate Pass or Fail</i>			Pprevnar					
Hearing		P F	Other					
Vision		P F	Other					

PHYSICAL EXAMINATION	NORMAL	ABNORMAL	NOT EVAL.		Yes	No
A. General Appearance				N/A		
B. Posture, Gait				1. Does the child need treatment?	_____	_____
C. Speech				2. Is the treatment complete?	_____	_____
D. Head				3. Does the child need further treatment?	_____	_____
E. Skin				4. Is optional testing indicated?	_____	_____
F. Eyes				(If yes, please list in comments)		
a. External Aspects				Comments:		
b. Cover Test						
G. Ears						
a. External & Canals						
b. Tympanic Membrane				Current Medications:		
H. Nose, Mouth, Pharynx						
I. Teeth						
J. Heart						
K. Lungs						
M. Genitalia						
N. Bones, Joints, Muscles				Specific Diagnosis:		
O. Neurological/Social						
a. Gross Motor						
b. Fine Motor						
c. Communication						
d. Cognitive						
e. Self-Help Skills						
f. Social Skills						
P. Glands (Lymphatic/Thyroid)						
Q. Muscular Coordination						
R. Other						

This child has had the immunizations required by Sec. 3313.67 of the Revised Code for admission to school or has had the immunizations required by the State Department of Health for Infants & Toddlers.

GENERAL STATEMENT OF CHILD'S PHYSICAL STATUS: *This child is up-to-date according to the EPSDT schedule of preventative and primary health care. At the time of the examination, this child was found to be free of apparent communicable disease and is able to attend a childcare center.*

Signature of Physician _____

Phone Number: _____

Address _____

Date of Exam: _____