Form D

Putnam County Educational Service Center
Early Discovery Preschools
124 Putnam Parkway
Ottawa, OH 45875
Phone: 419-523-5951/ Fax: 419-523-6126

ANNUAL HEALTH EXAMINATION (Good for one Year)

SECTION ONE: Parent/Guardian to complete

_____ _____ _____
Child's Name Date of Birth Parent/Guardian Name

1. I acknowledge that this annual health examination is merely a screening, as required by Ohio law, and not a diagnostic tool.

Parent Signature _____ Date _____

2. Does your child receive Medicaid services? __yes __no
3. Does your child receive WIC (Women's, Infants, Children) Services? __yes __no

SECTION TWO: *Licensed Physician, Physicians' Assistant or Certified Nurse Practitioner to complete*

Height: _____ Weight: _____

Hemoglobin: ☐Completed/ Date _____ Results _____ ☐Not Medically Necessary

Dental/Oral Health Screening:
☐No concerns visually seen ☐Concerns: Referral Needed: ___Yes ___No

Please indicate P –Pass or F-Fail

Hearing: R Ear _____ L Ear_____ Referral needed ___Yes ___No

Vision: R Eye_____ L Eye_____ Referral needed ___Yes ___No

Health Conditions: Please list any chronic physical problems, limitations, allergies, history of hospitalization or any diseases the child has had or currently has: _____

_____

Please list child's allergies and treatment, if any: _____

Please list any medications, food supplements, modified diets or fluoride supplements currently being administered to the child:
_____

_____

Other Comments:_____

(Form continues on back page)

SECTION THREE: *Licensed Physician, Physician's Assistant or Certified Nurse Practitioner to complete:*

Lead Testing Requirements (as recommended by the Ohio Department of Health (O.D.H.)

1.) Has the child ever been tested for lead? ____yes ___no
if yes, what age was the child? _____

2.) Is the child on Medicaid?
____ No

____ Yes (Children between the ages of 3 and 6 years of age must receive a blood lead test if they have not been previously screened for lead poisoning **(***it's Ohio Law and a Federal requirement for children on Medicaid.)*

3.) Use the following key questions from the Ohio Department of Health's Risk Assessment Questionnaire (RAQ) and ask if the child:

a. Lives in or regularly visits a house built before 1950 (includes day care, preschool or home of a relative or babysitter)?
_____ Yes _____ No

b. Lives in or regularly visits a home, child care facility or school built before 1978 that has deteriorated paint.
_____ Yes _____ No

c. Live in a "high risk" zip code
_____ Yes _____ No

d. Lives in or visits a house built before 1978, with recent, ongoing, or planned renovation/remodeling?
_____ Yes _____ No

e. Has a sibling or playmate that has or did have lead poisoning?
____ Yes _____ No

f. Frequently comes in contact with an adult who has a hobby or works with lead, (ie. construction, welding pottery, painting and casting ammunition).
_____ Yes _____ No

g. Lives near an active or former lead smelter, battery recycling plant or other industry know to generate airborne lead dust.
_____ Yes _____ No

If the family answers yes to any of the questions 3 a. – 3 g., or if the child is on Medicaid and has never been tested, a lead test must be completed!

Lead Screen Test results: **_____ug/dL** _____Date

Comment: _____

SECTION FOUR: *Licensed Physician, Physician Assistant or Certified Nurse Practitioner to complete*

This is to certify that I have examined_____
and have found that this child: child's name

1) has had the immunizations required by Section 3313.671 of the revised code for admission to school, or has had the immunizations required by the state department of health for infants and toddlers or is to be exempted from these requirements for medical reasons.

2). And, 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 for enrollment in a preschool program.

Physician or Certified Nurse Practitioner's Signature: _____ Date: _____

Physician or Certified Nurse Practitioner's Printed Name: _____

Address: _____

Phone: _____