Bradford-Tioga Head Start, Inc.
5 Riverside Plaza Blossburg, PA 16912

CHILD'S MEDICAL RECORD-(Please fill out form completely)

Child's Name:	**Date of birth:**
Exam Date:	**BTHS Service Area:**

IMMUNIZATION HISTORY (Please provide dates or attach separate. Circle "Exempt" if child is does not get the immunization

Polio	#1	#2	#3	#4		Exempt
DTaP	#1	#2	#3	#4	#5	Exempt
MMR	#1	#2				Exempt
Hib	#1	#2	#3	#4		Exempt
Hep. B	#1	#2	#3			Exempt
Varicella	#1	#2	Virus (date):			
Hep. A	#1	#2				Exempt
Pneum.	#1	#2	#3	#4		Exempt
Rotavirus	#1	#2	#3			Exempt
Influenza	#1	#2	#3	#4	#5	Exempt

***Head Start references the EPSDT schedule. Lead & Anemia Screening for all children is required at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must also have these completed, if not done previously**

Anemia Screening	**Blood Lead Testing**	**Growth Measurements**	**Other Tests (if applicable)**
(Required at 9-12 months for EPSDT. Please document past results or complete this visit)	(Required at 9-12 months for EPSDT. Please document past results or complete this visit)		
Hgb:_____gm/dL or Hct_____% Test date____/____/____	BLL:_____ug/dL Test Date: ____/____/_____	Length/Height:_____in / cm Weight: _____lb / kg BMI:_____ Head Circ.:_____in / cm	Urinalysis:_____ Blood pressure:_____/_____ Sickle Cell:_____ Tuberculosis:_____

PHYSICAL EXAM	X=Normal	if abnormal, please comment
Head/Ears/Eyes/Nose/Throat		
Teeth (including use of Fluoride)		
Cardio respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurological & Developmental		
Allergies		

Sensory

		Norm.	Abn.
Vision:	L	___	___
	R	___	___
Hearing:	L	___	___
	R	___	___

Comments:

RECOMMENDATIONS

___ I recommend pre-medication for dental work.

___ I recommend a return/follow-up in _____day(s) _____ weeks(s) _____ months(s)
Reason:

___ I recommend a referral to:
Reason:

IS CHILD UP-TO-DATE PER EPSDT SCHEDULE: YES_____NO_____

SIGNATURE OF HEALTH CARE PROVIDER

Office Phone #:	**Name Printed:**
Date:	**Name Signed:**

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