

# Northern California Child Development, Inc.

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## EHS/HS Physical Examination Report

<b>Name of Child</b>	<b>Date of Birth</b>	<b>Date of Exam</b>	<b>Date of Next Exam</b>	<b>Center</b>

		No problem suspected	Refused Not Needed	NEW Problem	KNOWN Problem	Comments or Problems
<b>1</b>	<b>History/Exam</b>					
<b>2</b>	<b>Dental Assessment Referral/Education</b>					
<b>3</b>	<b>Nutritional Assessment</b>					
<b>4</b>	<b>Vision</b>					
<b>5</b>	<b>Hearing</b>					
<b>6</b>	<b>Hemoglobin / Hematocrit</b>					
<b>7</b>	<b>Developmental Assessment</b>					
<b>8</b>	<b>Tobacco Assessment</b>					
<b>9</b>	<b>Psychological Assessment</b>					
<b>10</b>	<b>Lead Risk Assessment</b>					
<b>11</b>	<b>TB Risk Assessment</b>					

<b>Height</b>	<b>Weight</b>	<b>Head Circumference</b>	<b>Blood Pressure</b> Result # _____	<b>HGB/HCT</b> Date: _____ Result # _____	<b>Latest Blood Lead Level</b> Date: _____ Result # _____
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<b>IMMUNIZATIONS GIVEN TODAY</b>	<b>Provider of Services: name, address, phone number</b>
IZS UP TO DATE _____ IZS BEHIND _____	

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

*Meets NCCDI Head Start Performance Standard 1302.42(B)(1)(i) and EPSDT schedule*