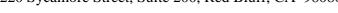
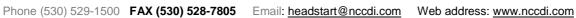
Northern California Child Development, Inc. 220 Sycamore Street, Suite 200, Red Bluff, CA 96080







EHS/HS Physical Examination Report

Nam	e of Chi	ld	Date of Bi	of Birth I		Date of Exam		te of Next Exam	Center	
	No problem suspected					NEW KNOWN Problem			Comments or Problems	
1	History/Exam									
2	Dental Assessment Referral/Education									
3	Nutritional Assessment									
4	1 Vision									
5	Hearing									
6	Hemoglobin / Hematocrit									
7	Developmental Assessment									
8	Tobacco Assessment									
9	Psychological Assessment									
10	Lead R	Risk Assessment								
11	TB Ris	k Assessment								
			Head Circumference	Blood Pressure		HGB/HCT		Latest Blood l	Lead Level	
			Circumierence	Result #		Date:		Date:		
						Result #		Result #		
	IMMU	UNIZATIONS	GIVEN TODA	AY	Provi	der of S	ervices	nan	ne, address, phone	number
	IZS U	UP TO DATE								
IZS UP TO DATE IZS BEHIND										
Signa	ature of	Provider		Date						

 ${\it Meets NCCDI Head Start Performance Standard 1302.42(B)(1)(i) \ and \ EPSDT \ schedule}$