

EightCAP, INC. 0-5 Head Start

5827 Orleans Rd., Orleans, MI 48865

Phone: 616-225-5970



Children's Health Appraisal

Please Fax To: 616-794-8593



Provider Note: State of Michigan Child Care Licensing Rule R 400 8143(6) states children must have a physical on file that notes any restrictions for the child. **To avoid creating additional requests to your office**, please help us in complying with the State of Michigan by providing a response in each field on this document. Thank you for your cooperation!

Child's Name: _____

Birth Date: _____

Section 1: Vital Signs

Date of Exam: _____	Height: _____	Weight: _____
Head Circumference: _____		Blood Pressure: _____

Section 2: Screening / EPSDT Requirements

Oral Health:	Oral Screen Completed	Fluoride Applied	Referred to:
Hematocrit/Hemoglobin:	Date _____	Blood Lead:	Date _____
	Result _____		Result _____
Normal	Under Care	Referred	Normal Under Care Referred

The following have been reviewed: Anticipatory Guidance, Injury Prevention, Behavioral Assessment, Violence Prevention, Nutritional Assessment, Sleep Patterns YES NO

Developmental Assessment	YES	NO	Autism Screening	YES	NO
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REQUIRED Section 3: Essential Findings/Interpretive Guidance ***REQUIRED***

- Comments/recommendations regarding child's physical health status, chronic medical conditions, any new diagnoses:
YES NO If yes, please explain: _____
- Should this child's activity be restricted and/or should there be accommodations for the school/childcare environment?
YES NO If yes, please explain: _____
- Any Allergies: YES NO If yes, please explain: _____

My signature indicates this child has received a complete physical and is up-to-date on all EPSDT screenings and/or exams.

Provider's Signature

Date

Practice Name

Phone Number

Address

State

Zip