EightCAP, INC. 0-5 Head Start
5827 Orleans Rd., Orleans, Ml 48865
Phone: 616-754-9315

Children's Health Appraisal

Please Fax To: 616.754.9310

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 _____ Result _____

Normal ☐ Under Care ☐ Referred ☐

Blood Lead: Date _____ Result _____

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

REQUIRED Section 3: Essential Findings/Interpretive Guidance ***REQUIRED***

1. Comments/recommendations regarding child's physical health status, chronic medical conditions, any new diagnoses:

YES ☐ NO ☐ If yes, please explain: _____

2. Should this child's activity be restricted and/or should there be accommodations for the school/childcare environment?

YES ☐ NO ☐ If yes, please explain: _____

3. 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 _____