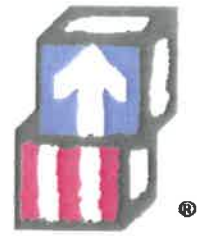


St. Clair County Head Start
 21685 U. S. Hwy. 231 N. • Old Coal City School
 P. O. Box 641
 Pell City, Alabama 35125

Phone: (205) 338-9694 ext.105

Fax :(205) 338-3215



Yearly EPSDT Medical Screening

Child's Name: _____ Date of Birth : _____

Height _____ Weight _____ Blood Pressure _____ Hearing _____ Vision _____

Hemaocrit / Hemoglobin _____ Lead _____ Urinalysis _____ Allergies _____

Private _____ Self Pa y _____ Primary Health Coverage
 Medicaid _____ All Kids _____

Physical Examination Date: _____

Finding, treatments & recommendation

	<i>Normal</i>	<i>Abnormal</i>	
<i>General Appearance</i>			
<i>Gross dental (teeth/gums)</i>			
<i>Head /Scalp /Skin</i>			
<i>Eyes/Ears/Nose/Throat</i>			
<i>Chest / Lungs /Heart</i>			
<i>Abdomen</i>			
<i>Speech</i>			
<i>Neurological / Social</i>			
<i>This child has a health condition that may Require emergency action at school</i>			

Health care Provider Signature _____ **Date :** _____

Address(Please print or stamp): _____ **PhoneNumber:** _____

I hereby give permission to release this information to SCCHS Program: