



Child's Name: _____

Date of Birth: _____

ChildPlus ID#: _____

Head Start Health Requirements Acknowledgement Form

Head Start children must be up-to-date with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule.

The EPSDT includes:

- Vision Screening
- Hearing Screening
- Physical Exam
- Blood Pressure
- Growth Assessment
- TB Questionnaire
- Dental Exam
- Lead Test
- Hemoglobin (EHS Only)
- Immunizations

The EPSDT is key to Healthy Children!

Has your child had a physical exam within the last year by a licensed Physician/Clinic? YES NO

If YES:

When was your child's last physical completed? _____

Note: Physical Exams expire one (1) year from the date it was completed.

By signing below I agree that within 30 days of admission I will provide a copy of my child's completed physical exam to Head Start.

If NO:

By signing below I agree that within 30 days of admission I will take my child to get a physical exam and will submit it to Head Start.

30 Day Deadline: _____

Parent/Guardian Signature

Date

Staff Signature

Date