

EARLY CHILDHOOD EDUCATION AND ASSISTANCE PROGRAM
HEALTH ASSESSMENT FORM

ROOM _____ MW TTH

Child's Name _____ Birth Date _____ Exam Date _____
LAST FIRST MI MM DD YY MM DD YY

PLEASE COMPLETE THE FOLLOWING REQUIRED ECEAP DATA AND SIGN THE RELEASE OF INFORMATION

PARENT

I GIVE MY PERMISSION FOR AN EXCHANGE OF INFORMATION REGARDING MY CHILD WITH THE FOLLOWING PROVIDER

PARENT SIGNATURE _____ DATE _____
 PROVIDER'S NAME _____ PHONE _____
 PROVIDER'S ADDRESS _____ FAX _____

PROVIDER

WELL CHILD SCREENING

The Blood work must be within the last year to be accepted.

HCT/HGB _____ IRON RX _____
 BP _____ HT _____ WT _____

VISION RIGHT LEFT
 w/o Glasses: 20/ _____ 20/ _____
 w/ Glasses: 20/ _____ 20/ _____

Strabismus or other visual concerns? _____

HEARING RIGHT LEFT
 1000HZ _____ DB _____ DB
 2000HZ _____ DB _____ DB
 4000HZ _____ DB _____ DB

TYMpanoGRAM Normal _____ Abnormal _____
 Comments, if abnormal _____

PHYSICAL EXAM

NI COMMENTS - IF ABNORMAL
 Head/Neck _____
 Eyes _____
 Ears _____
 Nose, Throat _____
 Chest/Lungs _____
 Heart/Pulse _____
 Abdomen _____
 Genital/Hernia _____
 Back/Spine _____
 Extremities/Joint/Gait _____
 Skin _____
 Muscle Tone/Strength _____
 Reflexes/Coordination _____
 Speech/Pronunciation _____

IMMUNIZATION

[] **PLEASE INCLUDE A COPY OF ALL IMMUNIZATIONS ON FILE**

OTHER CONCERNS ABOUT CHILD'S HEALTH

EXPLAIN CONCERNS - RX AND NEEDS IN PRESCHOOL

Physical health concerns _____
 Psychosocial, Developmental, or Nutritional _____
 Allergies (Food, Medication, Other) _____
 Medications (regular and as needed) _____

note: medication administered at preschool requires a separate medication authorization form

FOLLOW-UP Next Appointment _____ on _____ with _____
CONDITION DATE OR INTERVAL PROVIDER NAME

PROVIDER'S SIGNATURE _____ **Signature Date** _____

PLEASE RETURN COMPLETED FORM TO: Early Childhood Education and Assistance Program
 1625 Madison Way * Lynnwood, WA 98087

If you have any questions, Contact _____ **at (425) 356-1312 ext.** _____ **FAX: (425) 710-4448**