



Please fax to: 513-589-3077

Early Head Start
EPSDT (Well Baby) Assessment Form

Part I is to be completed by Head Start staff.

I. General Information
II. EPSDT Health Check Exam
III. Immunizations
IV. Physical Exam
Abnormal Findings/Diagnosis:
Plan of Action:
Clinician Name & Address:
Clinician Signature:
Clinician Phone Number:
Date of Signature:
Next scheduled EPSDT appointment: