

Date:

Dear Parent/ Provider:

This child needs an ESDPT physical for Head Start. Please include the following on the Physical;

- \* HCT or HGB (could have been done previously) Result and Date
- \*Lead blood screening (could have been done previously) Result and Date
- \*Blood pressure
- \* Urine (if age 5)
- \*Height and Weight
- \*Hearing screening
- \* Vision screening

If Lead and / or HCT HGB are ordered please fax to the Head Start program when Available. Fax # \_\_\_\_\_

I the parent / guardian \_\_\_\_\_, of child \_\_\_\_\_, give permission for the

Provider to fax the result and date to the Head Start Program. Date: \_\_\_\_\_