

NON-STANDARD CHILD MEDICAL HEALTH TESTING RESULTS

Center: _____ Classroom: _____

Child Name: _____

Tuberculosis (TB)

Date	Result	Funding
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
Comments:		

Ova & parasites

Date	Result	Funding
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
Comments:		

Sickle Cell

Date	Result	Funding
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
Comments:		

Urinalysis

Date	Result	Funding
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
Comments:		

Lead

Date	Result	Funding
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
Comments:		

Other: Specify

Date	Result	Funding
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
/ /	Normal	Partially by HS
	Abnormal	Fully by HS
	Refused	EPSDT/Medicaid
	No Consent	Other Agency
Comments:		

Staff Name: _____