2.4B Toddler Physical
Instruction Sheet

PURPOSE STATEMENT:
The purpose of the physical form is to document that the child is up to date on a schedule of age appropriate preventive and primary health care.

TIMELINE:
Based on the current Bright Futures AAP EPSDT schedule, toddlers are required to have health exams at 18 months, 24 months, 30 months, and 36 months. The form can be used for a child as young as 17 months. For children who turn 3 while still enrolled in EHS, staff should provide the parent with form 2.4 Physical Examination Form (3-5 years old).

All newly enrolled children are required to have a physical exam within 30 calendar days of attendance.

Returning children are required to submit a current physical within 45 days of attendance.

STAFF RESPONSIBLE:
EHS Teacher or Home Visitor, Site Supervisor/Assistant Site Supervisor, Home-Based Supervisor

INSTRUCTIONS:
The physical examination form and the County of San Diego Lead Testing and Screening letter is given to the parent at the time of the child's enrollment.

Staff fills in the child's name, date of birth, PID #, and site prior to giving form to parent.

Physician
The physician completes the following sections. Staff must not write on any portion of the following sections of the physical form.

- Measurements- height, weight, and head circumference (18-23 months)
- General Appearance- including Hearing (appears to hear) and Vision (appears to see) clinical observations, and oral visual exam
- Anticipatory Guidance and Development - physician to discuss developmental milestones with the parent and mark that items have been discussed
- Nutrition/Prescription Recommendations – physician to document recommendations, if any
- Abnormal Findings and/or Diagnosis: physician to document findings, if any
- Immunizations Received Today (as applicable) -
    - Immunizations received during the visit should be updated on the child's Blue Card.

- Nutrition – physician to discuss and document feeding history, nutrition, etc. with the parent
- History – physician to document history, if any history of these indicators
- Screenings Completed During Visit -
    - TB Risk Assessment Completed (no risk factors present – TB test not required) or TB Risk Factors Present (TB Skin or Blood Test results must be completed and results must be documented)
    - Lead Level – must be completed at 12 and 24 months
    - Anemia Risk Assessment - Hgb/Hct blood test (required if parent/guardian answers 'YES' to question #1 or 'NO' to question #2 of the Anemia Risk Assessment)
- Physician documents next scheduled visit; Physician's name and signature is required (stamped signatures and electronic copies are also acceptable). List exam date, clinic phone number and fax number.

EHS Staff

- Once the form is returned, staff reviews the form for completion. If follow-up treatment is needed, it must be initiated immediately. Staff must follow-up on any missing exams/screenings, recommendations or abnormal findings noted by the physician. Verify that a current Authorization to Release Information is in the Child File before communicating with the physician's office.
- If the doctor did not check off the Anticipatory Guidance and Development section of the exam, staff document in the progress notes that it was not completed but that the parent received the information as part of the NHA Health Handbook (information on how to access the handbook on the website was shared with parents during orientation).
- In the EHS Staff Only box, staff document the date that the exam was received by EHS.
- Staff enters the physical and medical tests into PROMIS, per the Record Keeping SOPs and file the form in Child File, Section 2: Health & Nutrition.
- Once any missing screenings/results have been received, enter the results into PROMIS and document the results on the Supplemental Health Data form (2.7).