

Appendix E: Child Health Screening Record

To be completed by a nurse or trained professional – not the First Class Pre-K Teacher or Program Director

Class Name: _____ County: _____

Student Name: _____ Date of Birth: ____/____/____
Last First Middle

VISION

Date _____

Check one for each eye:

Left: Pass Fail

Right: Pass Fail

Comments:

Child missed screening due to:

Absence

Parent permission denied

Child non-cooperative

Enrollment after screening

Signature of Screener

Date

HEARING

Date _____

Check one for each ear:

Left: Pass Fail

Right: Pass Fail

Comments:

Child missed screening due to:

Absence

Parent permission denied

Child non-cooperative

Enrollment after screening

Signature of Screener

Date

DENTAL

Date _____

Results:

___ Should see a dentist

___ Normal exam/no concerns

Additional Notes:

Child was not screened due to:

Absence

Parent permission denied

Child non-cooperative

Enrollment after screening

Signature of Screener

Date

PHYSICAL

Date _____

Results:

Height: _____

Weight: _____

Body Mass Index (BMI): _____

Blood Pressure: _____

Concerns/Recommendations:

Child missed screening due to:

Absence

Parent permission denied

Child non-cooperative

Enrollment after screening

Signature of Screener

Date

