

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 | HEARING | DENTAL | PHYSICAL |
|--|--|---|---|
| Date _____ | Date _____ | Date _____ | Date _____ |
| Check one for each eye: | Check one for each ear: | Results: | Results: |
| Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Left: <input type="checkbox"/> Pass <input type="checkbox"/> Fail | ____ Should see a dentist | Height: _____ |
| Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Right: <input type="checkbox"/> Pass <input type="checkbox"/> Fail | ____ Normal exam/no concerns | Weight: _____ |
| Comments: | Comments: | Additional Notes: | Body Mass Index (BMI): _____ |
| _____ | _____ | _____ | Blood Pressure: _____ |
| _____ | _____ | _____ | Concerns/Recommendations: |
| _____ | _____ | _____ | _____ |
| Child missed screening due to: | Child missed screening due to: | Child was not screened due to: | Child missed screening due to: |
| <input type="checkbox"/> Absence | <input type="checkbox"/> Absence | <input type="checkbox"/> Absence | <input type="checkbox"/> Absence |
| <input type="checkbox"/> Parent permission denied | <input type="checkbox"/> Parent permission denied | <input type="checkbox"/> Parent permission denied | <input type="checkbox"/> Parent permission denied |
| <input type="checkbox"/> Child non-cooperative | <input type="checkbox"/> Child non-cooperative | <input type="checkbox"/> Child non-cooperative | <input type="checkbox"/> Child non-cooperative |
| <input type="checkbox"/> Enrollment after screening | <input type="checkbox"/> Enrollment after screening | <input type="checkbox"/> Enrollment after screening | <input type="checkbox"/> Enrollment after screening |
| _____ | _____ | _____ | _____ |
| Signature of Screener | Signature of Screener | Signature of Screener | Signature of Screener |
| _____ | _____ | _____ | _____ |
| Date | Date | Date | Date |