

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: _____

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: _____

DENTAL

DATE _____

Results: Should see a dentist Normal exam/no concerns

Comments: _____

Child missed screening due to: Absence Parent permission denied
 Child non-cooperative Enrollment after screening

Signature of Screener: _____

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: _____