NEW Health Events: EHS

Child's Name: _____ DOB: _____

Event Name	Date	Status (Pass/Fail)	Results
Blood Lead: ☐ 12 mos. ☐ 24 mos. ☐ Neither			
Lead Level Risk Assessment (by doctor)			
EHS Lead Risk Assessment (by FSW)			
EHS TB Risk Assessment			
Growth Assessment (Completed by Educator)		**NA**	**Ht:** **Wt:** **HC:**
Health Assessments (Health History, Nutrition History, Tobacco Assessment and Dental Information)		**Completed**	
Hearing Observation			
Hgb/Hct: ☐ 9-12 mos. ☐ Other _____			
Hgb/Hcg Risk Assessment: Age _____			
Vision Observation			
Well Child Check: ☐ 1-2 mos. ☐ 4 mos. ☐ 6 mos. ☐ 9 mos. ☐ 12 mos. ☐ 15 mos. ☐ 18 mos. ☐ 24 mos.		**Completed**	**Ht:** **Wt:** **HC:**
Medical Health Status Determination:	Dental Health Status Determination:		

Child's Name: _____ DOB: _____

Event Name	Date	Status (Pass/Fail)	Results
Blood Lead: ☐ 12 mos. ☐ 24 mos. ☐ Neither			
Lead Level Risk Assessment (by doctor)			
EHS Lead Risk Assessment (by FSW)			
EHS TB Risk Assessment			
Growth Assessment (Completed by Educator)		**NA**	**Ht:** **Wt:** **HC:**
Health Assessments (Health History, Nutrition History, Tobacco Assessment and Dental Information)		**Completed**	
Hearing Observation			
Hgb/Hct: ☐ 9-12 mos. ☐ Other _____			
Hgb/Hcg Risk Assessment: Age _____			
Vision Observation			
Well Child Check: ☐ 1-2 mos. ☐ 4 mos. ☐ 6 mos. ☐ 9 mos. ☐ 12 mos. ☐ 15 mos. ☐ 18 mos. ☐ 24 mos.		**Completed**	**Ht:** **Wt:** **HC:**
Medical Health Status Determination:	Dental Health Status Determination:		