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 S	Status Determination:	
Child's Name:		DOB:	
Child's Name: Event Name	Date	DOB: Status (Pass/Fail)	 Results
			Results
Event Name			Results
Event Name Blood Lead: □ 12 mos. □ 24 mos. □ Neither			Results
Event Name Blood Lead: □ 12 mos. □ 24 mos. □ Neither Lead Level Risk Assessment (by doctor)			Results
Event Name Blood Lead: □ 12 mos. □ 24 mos. □ Neither Lead Level Risk Assessment (by doctor) EHS Lead Risk Assessment (by FSW)			Results Ht: Wt: HC:
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