Seta head start Sacramento, CA "TOUCHING FAMILIES – MAKING A DIFFERENCE"

NEW Health Events: Preschool

Child's Name: ______________________________ DOB: ______________

Event Name	Date	Status (Pass/Fail)	Results
Blood Pressure (3, 4 & 5 year-olds)			
Dental Exam (Check one: ☐ Medi-CAL ☐ Head Start ☐ Private ☐ None)			
Growth Assessment		**NA**	**Ht:** **Wt:**
Health Assessments (Health History, Nutrition History, Tobacco Assessment and Dental Information)		**Completed**	
Hearing			
Hgb/Hct 2-5 yrs			
Lead 2-5 yrs (Blood Test)			
Lead Risk Assessment			
Physical Exam		**Completed**	
TB: ☐ Test or ☐ Risk Assessment			
Vision			
Medical Health Status Determination:	Dental Health Status Determination:		

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