HEALTH SCREENING PROGRESS SHEET

page #_____

Child:				Area/CB #	Program Year:	Staff:		
Early Head Start:	Checl	k box	when co		d Start: Check when co	omplete for year; put due d	ate on	
WBCs □ 1mo □ 2m □ 18mo □ 24mo □ 3 Hemoglobin (due at Lead (due at) □ 12n Dental (due at) □ 36 Immunizations (co	0mo t) □ 1 no & 5mo	□ 36r 2mo □ 24r Visio	mo mo TB (n & Hea	□ Pl □ D □ Ue at) 12mo □	hysical exp □ ental exp □ I ision & Hearing	Hemoglobin □ Lead □ ☐ mmunizations	ГВ	
	Contact		S		ACTIVITY		Date to	
Health Need (list each need on own line)	d a t e	t y p e	p p o r t	Status/Updates/Support/Title of Ed. Handout Contact type codes: H-home visit, N-written note, P-phone call, S-scheduled conference at site, B-brief verbal reminder at site. Support offered codes: T-transportation, F-financial, E-Ed. handout				
Document 2 nd contact and beyond on this form					or dental treatment/follow up, staff will receive a follow up O. and document support and activities on it and not this form.			
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HEALTH SCREENING PROGRESS SHEET

page #_____

Child:				Area/CB # Program Year:	Staff:			
Early Head Start:	Check	c box	when co	omplete or N/A. Head Start: Check when compline if due within the year.	ete for year; put due d	ate on		
☐ 18mo ☐ 24mo ☐ 3 Hemoglobin (due at) Lead (due at) ☐ 12m	0mo t) □ 1 no & 5mo	□ 36n 2mo □ 24n Visio n	no no TB (n & Hea	Omo □ 12mo □ 15mo □ Physical exp □ He □ Dental exp □ Imm □ Vision & Hearing	moglobin □ Lead □ 1 unizations	ГВ		
Health Need	Contact		S	<u>ACTIVITY</u>		Date to		
	d	t p	p	Status/Updates/Support/Title of Ed. Har Contact type codes: H-home visit, N-written note, P-ph	ome visit, N-written note, P-phone call, rence at site, B-brief verbal reminder at site.			
(list each need on own line)	ine) t p	y p e	o r t	S-scheduled conference at site, B-brief verbal rem Support offered codes: T-transportation, F-financial, E				
Document 2 nd contact and beyond on this form				If child needs medical, or dental treatment/follow up, staff will reprogress sheet from C.O. and document support and activities or				
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page #_____