**RUCD EARLY HEADSTART**

**MEDICAL HEALTH SUMMARY**

**Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## WELL BABY EXAMS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Exam** | **Date Due** | **Date Completed** | **Exam** | **Date Due** | **Date Completed** |
| **BIRTH** |  |  | **12 Months** |  |  |
| **2 Weeks** |  |  | **15 Months** |  |  |
| **2 Months** |  |  | **18 Months** |  |  |
| **4 Months** |  |  | **24 Months** |  |  |
| **6 Months** |  |  | **30 Months** |  |  |
| **9 Months** |  |  | **36 Months** |  |  |

**Vision (according to vision form H.08)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Exam | **Date Due** | **Date Completed** | **Exam** | **Date Due** | **Date Completed** |
| **BIRTH** |  |  | **9 Months** |  |  |
| **1 Month** |  |  | **12 Months** |  |  |
| **2 Months** |  |  | **18 Months** |  |  |
| **3 Months** |  |  | **24 Months** |  |  |
| **4 Months** |  |  | **30-36 Months** |  |  |
| **6 Months** |  |  |  |  |  |

**HEMATOCRIT SCREENING (after 1 year of age) (annual by birth date)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exam** | **Date Due** | **Date Completed** | Results |
| **Initial** |  |  |  |
| **Annual** |  |  |  |
| **Annual** |  |  |  |

**HEARING SCREENING (annual by enrollment)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exam** | **Date Due** | **Date Completed** | Results |
| **Initial** |  |  |  |
| **Annual** |  |  |  |
| **Annual** |  |  |  |

**VISION SCREENING (annual by enrollment)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exam** | **Date Due** | **Date Completed** | Results |
| **Initial** |  |  |  |
| **Annual** |  |  |  |
| **Annual** |  |  |  |

**DENTAL Exam (annual by birth date)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exam** | **Date Due** | **Date Completed** | Results |
| **Initial** |  |  |  |
| **Annual** |  |  |  |
| **Annual** |  |  |  |

**LEAD SCREENING**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exam** | **Date Due** | **Date Completed** | Results |
| **12 Months** |  |  |  |
| **24 Months** |  |  |  |