



West Virginia Department of Health and Human Resources  
HealthCheck Program  
Preventive Health Screen

4 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex M F WT \_\_\_\_\_ HT \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Screen Date \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Health condition(s) that may require care at school: \_\_\_\_\_

- Vision Acuity Screen (obj) R \_\_\_\_\_ L \_\_\_\_\_
- Unable to obtain, re-screen in 4-6 months

Wears glasses  Yes  No

- Hearing Screen (obj)
- 25 db@ \_\_\_\_\_ 20 db@ \_\_\_\_\_
- R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ
- L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ
- Unable to obtain, re-screen in 4-6 months

Wears hearing aids  Yes  No

**Oral Health Screen**

Date of last dental visit \_\_\_\_\_  
Water source \_\_\_\_\_ Fluoride  Yes  No  
 Current dental problems:

**Developmental:** *f Check those that apply*

- Gross Motor:**
- Walks, climbs, runs  Hops, jumps on 1 foot
  - Up/down stairs alternating feet, without support
  - Throws overhand  Rides bicycle with training wheels
- Fine Motor:**
- Builds 10 block tower  Uses utensils  Has manual dexterity
  - Draws 3 part person  Puts on/removes clothes
- Communication:**
- Uses past tense  Talks about daily experiences
  - Speaks intelligibly  Uses 4-5 word sentences
  - Short paragraphs  May show some lack of fluency
- Cognitive:**
- Names 4 colors  Aware of gender (self and others)
  - Knows difference between fantasy and reality
- Social:**
- Listens to stories  Can sing a song
  - Plays interactive games with peers  Elaborate fantasy play

- Immunizations:** Attach current immunization record
- UTD  Given, see vaccine record
- Referrals:**  Developmental  Dentist  Vision  
 Hearing  Blood lead 10<sub>></sub>ug/dl  Other:

Provider signature required for validation.

\_\_\_\_\_

Please Print Name of Facility or Clinician

\_\_\_\_\_

Signature of Clinician/Title

The information above the line is intended to be released to meet school entry requirements.

School Entry Requirements

**History:**  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses or visits to other providers:

**Social/Family History:** *f Check those that apply*

- No change
- Family situation change

Parents working outside home?  Mother  Father  
Child care?  No  Yes \_\_\_\_\_  
Other changes since last visit:

**Current Health Indicators:** *f Check those that apply*

- No change
- Changes since last visit:

School: Grade \_\_\_\_\_  Attends school regularly  N/A

Ability to separate from parents \_\_\_\_\_

Family:  Gets along with other family members

- GROWTH PLOTTED ON GROWTH CHART
- BMI CALCULATED AND PLOTTED ON BMI CHART

- Normal elimination
- Normal sleep patterns  Appropriate behavior

**Nutrition:**  Normal eating habits  
 Vitamins \_\_\_\_\_

Passive smoking risk  Yes  No

**Dyslipidemia Risk:**  Low risk  High risk

**Tuberculosis Risk:**  Low risk  High risk

- Increased risk of TB exposure d/t  
Contacts/Travel/Immigration
- Radiographic or clinical findings suggestive of TB

**Lead Risk:**  Low risk  High risk

- Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?
- Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?
- Has a sibling or playmate who has or did have lead poisoning?

**Physical Examination:** *f=Normal limits*

- General Appearance  Skin
- Neurological  Reflexes
- Head  Neck
- Eyes  Red Reflex  Strabismus
- Nose  Ears  Oral Cavity/Throat
- Lungs  Heart  Pulses
- Abdomen  Genitalia
- Back  Extremities

**Abnormal Findings and Comments:**

Possible Signs of Abuse:  Yes  No

**Health Education:**

- Discussed  Handout(s) given
- Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, school entry, family relationships and community interaction

Other:

**Assessment:**  Well Child  Other diagnosis

**Plan/Referrals:**

Labs:  Blood lead, if needed or high risk

Referrals: see manual for automatic referrals  
 Other referral(s)

Follow up/Next visit:  
Additional comments:  
 See Progress Notes

