



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

3 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 month

Wears glasses  Yes  No

- Hearing Screen (Subjective screen required at 3 years)
- Do you think your child hears OK?  Yes  No

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:**
  - Jumps in place  Kicks ball  Rides tricycle
  - Up/down stairs alternating feet
- Fine Motor:**
  - Uses cup, spoon and fork  Has manual dexterity
  - Builds a tower with 6 or 8 cubes  Copies a circle
- Communication:**
  - Speaks intelligibly  Uses 3-4 word sentences
  - Short paragraphs  Uses plurals and pronouns
- Cognitive:**
  - Follows 2 step instructions  Aware of gender (of self and others)
  - Knows name, age and sex  Names most common objects
- Social:**
  - Listens to stories  Shows early imaginative behavior
  - Plays interactive games with peers (able to take turns)

**Immunizations:** Attach current immunization record

- UTD  Given, see vaccine record
- Referrals:**  Developmental  Dentist  Vision
- Hearing  Blood lead 10 $\geq$ 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

**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

