

Head Start Health Requirement Checklist



Child's Name: _____

Date of Birth: _____

CPID: _____

Center: _____

Step	Description	Responsible	Timeline	Completed By:
1	Health History Form			
2	Copy of Immunization Records			
3	3-Year-Old Physical Form			
4	4-Year-Old Physical Form			
5	Dental			
6	Nutrition Form			

****If any of the requirements are not documented on the physical, complete the section below.****

1	TB Risk Questionnaire			
2	Lead Risk Questionnaire			
3	Hearing, submit request to Health Content Area			
4	Vision, submit request to Health Content Area			
5	Growth Assessment, submit request to Health Content Area			
6	Health Requirement Notice (If Past Due)			

Early Head Start Health Requirement Checklist



Child's Name: _____

Date of Birth: _____

CPID: _____

Center: _____

Step	Description	Responsible	Timeline	Completed By:
1	Health History Form			
2	Copy of Immunization Records			
3	2 Weeks Physical			
4	2 Month Checkup			
5	4 Month Checkup			
6	6 Month Checkup			
7	9 Month Checkup			
8	12 Month Checkup			
9	15 Month Checkup			
10	18 Month Check			
11	24 Month Check			
12	30 Month Check			
13	Dental (6 Months after first tooth)			
14	Nutrition Form			

If any of the requirements are not documented on the physical, complete the section below.

1	TB Risk Questionnaire			
2	Lead Risk Questionnaire			
3	Hearing Questionnaire			
4	Vision Questionnaire			
5	Growth Assessment, submit request to Health Content Area			
6	Health Requirement Notice (If Past Due)			