



HEALTH REQUEST AND RESULTS

Dear Parent /Guardian of: _____ Center: _____

Our records indicate your child needs to:

Go to the dentist

Go to the doctor

Immunizations

Explanation: _____

It is very important that your child be in the center on _____ for screenings.

Date

VISIONHEARING

HEIGHT

WEIGHT

CLASSROOM OBSERVATION

The above screenings were conducted at the center.

_____ Screenings indicate your child **DOES NOT** require further evaluations.

_____ Screenings indicate your child **DOES** require further evaluation for _____

Please contact you FSW at the center.

APPOINTMENT REMINDER:

Your child has on appointment to see one of the following on _____.

Date

DENTIST

DOCTOR

SPECIALIST: _____

Your child is due for the following immunizations:

_____ by _____.

Please provide your FSW with the immunization record for updating your child's record at the center.

Our records indicate your child requires follow up or treatment for _____

Please contact your FSW with any appointments or progress in completing this follow up or treatment.

Review dates:

1st _____ 2nd _____ 3rd _____

Referred to Health Specialist: Dr. _____ Dentist _____ Immun. _____
 Date Date Date

Family Service Worker _____

Date _____

Phone Number _____
 Revised 11-1-18