



Health Request

Dear Parent/Guardian of: _____

According to our records, your child is missing the following information as required by the Head Start that was discussed with you at orientation. Without these health check-ups, your child will be out-of-compliance with the Head Start Standards.

_____ Current Physical Exam- Last physical on file is dated ____/____/____

_____ Lead Result (only 1 lead test required after two years of age)

_____ Hgb (Hemoglobin) Result (after 12 months)

_____ Initial Dental Exam

_____ Dental Treatment

_____ Six Month Dental Exam – Last record on file is dated ____/____/____

_____ Follow up on Hearing Referral

_____ Follow up on Vision Referral

_____ Medical Insurance Card

_____ An updated immunization record

_____ Ages and Stages

_____ Other: _____

You may contact family service worker if you have any questions.

Family Service Worker Date _____

Phone Number _____

1st Request _____ 2nd Request _____ Refer to HC _____