

**SAMPLE FORM**

This form may be used or a similar form from your physician's office. Form must be signed by physician and dated within the last 365 days.



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

**3 Year Old Form**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex M F WT \_\_\_\_\_ HT \_\_\_\_\_ 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)  
20 db@ 25 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

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

**Developmental:** / 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 (of 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:**  UTD  If not UTD, see attached record

**Referrals:**  Developmental  Dentist  Vision  
 Hearing  Blood lead 10>  Other: \_\_\_\_\_

Provider signature required for validation.  
\_\_\_\_\_  
Please Print Name of Facility or Clinician  
\_\_\_\_\_  
Signature of Clinician/Title  See Progress Notes

The information above the line is intended to be released to meet the requirements of pre-k and kindergarten screening.

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

Follow up on previous concerns: \_\_\_\_\_

Recent injuries, illnesses or visits to other providers: \_\_\_\_\_

**Social/Family History:** / 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:** / 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

Normal elimination  
 Normal sleep patterns  
 Appropriate behavior

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

Passive smoking risk  Yes  No  
**Tuberculosis Risk:**  Low risk  High risk  
 Exposure to TB  Homelessness  
 Radiographic or clinical findings  
 Immigrant from areas with high prevalence  
 Residence/Travel in area with high prevalence  
 HIV infection or living with person(s) who are HIV+  
 Other risk factors

**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:** / =Normal limits  
 General appearance  Skin  
 Neurological  Reflexes  
 Head  Neck  
 Eyes  Red reflex  Strabismus  
 Nose  Ears  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:

School Entry Requirements



## Minimum Immunizations for Pre-Kindergarten Program Entry

All children entering Pre-Kindergarten programs should be age appropriately immunized.<sup>1</sup> The following guidelines for parents and school personnel indicate the **minimum** number of doses for each vaccine needed for Pre-Kindergarten entry.<sup>2,3</sup>

<b>Hepatitis A</b>	2 doses (1 <sup>st</sup> dose after 1 <sup>st</sup> birthday) (2 <sup>nd</sup> dose at least 6 months after 1st dose)	<b>Hepatitis B</b>	3 doses (Final dose at age 24 weeks or older)
<b>DTaP</b>	4 doses (Booster dose should not be given prior to 4 <sup>th</sup> birthday)	<b>Varicella</b>	1 dose (After 1 <sup>st</sup> birthday)
<b>IPV</b>	3 doses	<b>MMR</b>	1 dose (After 1 <sup>st</sup> birthday)
<b>Hib</b>	4 doses (3 doses if Pedvax <sup>®</sup> or Comvax <sup>®</sup> are used for full series) <u>However, for children starting series at greater than 6 months of age:</u> 3 doses if the first dose was given between 7-11 months of age 2 doses if the first dose was given between 12-14 months of age 1 dose if that dose was given between 15 and 59 months of age Generally not recommended for children age 5 and older		
<b>PCV</b>	4 doses <u>However, for children starting series at greater than 6 months of age:</u> 3 doses if the first dose was given between 7-11 months of age 2 doses if the first dose was given at 12-23 months of age 1 dose if that dose was given between 24-59 months of age Not routinely recommended for children age 5 and older		

***Students may be provisionally enrolled in Pre-Kindergarten with at least one dose of each required vaccine and allowed up to eight months to obtain up-to-date status.***

For questions about the Pre-Kindergarten Entry Immunization Guidelines above, call the West Virginia Immunization Program at 1-800-642-3634.

<sup>1</sup> Applicable immunization schedules can be found at <http://www.cdc.gov> by searching under "Immunization Schedules".

<sup>2</sup> The term "Pre-Kindergarten" or "Pre-K" applies to designated programs for children ages 3 and 4 years old. The above vaccines are requirements for all WV public Pre-K programs in accordance with WVDE Policy 2525 (126CSR28), Universal Access to a Quality Early Education System. This includes any "WV Collaborative" Pre-K program supported through local education agencies (LEAs). Similarly, WV Code §16-3-4 and 64CSR95, Immunization Requirements for New School Enterers, requires the same in all other Pre-K programs held in a building housing K-12 students (with the exception that 64CSR95 does not address Hep A, PCV, or Hib). Most other Pre-K programs adhere to the above through other authorizations or policy. Medical exemptions to the above should be granted in accordance with current standards of immunization practice endorsed by the AAP, AAFP, and ACIP.

<sup>3</sup> These guidelines are also applicable to children age 18 months and older entering most childcare or preschool settings.