



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**

4 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.¹ The following guidelines for parents and school personnel indicate the **minimum** number of doses for each vaccine needed for Pre-Kindergarten entry.^{2,3}

Hepatitis A	2 doses (1 st dose after 1 st birthday) (2 nd dose at least 6 months after 1st dose)	Hepatitis B	3 doses (Final dose at age 24 weeks or older)
DTaP	4 doses (Booster dose should not be given prior to 4 th birthday)	Varicella	1 dose (After 1 st birthday)
IPV	3 doses	MMR	1 dose (After 1 st birthday)
Hib	4 doses (3 doses if Pedvax [®] or Comvax [®] 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		
PCV	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.

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

² 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.

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