

# Medical Screening Results

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Center: \_\_\_\_\_

## Health Screening Results

Today \_\_\_\_\_, the following health screening/screenings were done at, \_\_\_\_\_. The results of the screening/screenings are listed beside the screening performed.

Hemoglobin \_\_\_\_\_

B/P \_\_\_\_\_

Blood Lead Screening \_\_\_\_\_

- ( ) The results are within normal range and no follow up is needed at this time.
- ( ) The result or the screening /screenings were not within normal range. Please take your child to his/her family physician or local health department for follow-up. Please bring back a statement of follow-up completed with any results or sign a Release of Information at the medical facility so they may share the results with Head Start.

Thank you,

\_\_\_\_\_  
Staff Signature and Title