5 Year Old Form

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

School Entry Requirements

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_____
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
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 ◻ may be able to skip
◻ Up/down stairs alternating feet, without support

Developmental: ✓ Check those that apply
Fine Motor:
◻ Copies ▲or ■ ◻ Prints some letters
◻ Draws figure w/head, arms and legs ◻ Dresses self
◻ Has manual dexterity
Communication:
◻ Able to recall parts of story
◻ Fluent speech ◻ Uses complete sentences
◻ Speaks in short sentences ◻ Uses future tense
◻ Second language spoken at home
Cognitive:
◻ Knows address and phone #
◻ Can count on fingers ◻ Follows 2-3 step instructions
◻ Recognizes many letters of the alphabet
Social:
◻ Listens to stories ◻ Follows rules
◻ Plays interactive games with peers
◻ Elaborate fantasy play/make believe/dress up

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_____
Likes most about school_____
Likes least about school_____

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 with a history of elevated lead level?

Physical Examination: ✓=Normal limits

◻ General appearance		◻ Skin
◻ Neurological		◻ Reflexes
◻ Head		◻ Neck
◻ Eyes	◻ 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: