**Early Head Start, Head Start and Family Support Center Health Screening Report**

**Toddler (12 - 36 months)**

**Name/Nombre:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of screening/Fecha:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth date/Fecha de nacimiento**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age/Edad**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Height, Weight, BMI, & Blood Pressure**

**Height/Estatura**: \_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_cm Height-for-age percentile: \_\_\_\_\_\_\_\_\_\_

**Weight/Peso**: \_\_\_\_\_\_\_\_\_\_ lbs \_\_\_\_\_\_\_\_\_\_kg Weight-for-length percentile: \_\_\_\_\_\_\_\_\_\_

**** Normal

**** Follow up with health care provider/ Consulte con su doctor o enfermera

**** Unable to assess because/ No se pudo evaluar porque:

*(Reason unable to assess)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For children 24 months of age or older:

**BMI/Indice de la masa del cuerpo**: \_\_\_\_\_\_\_\_\_\_kg/m2 Percentile: \_\_\_\_\_\_\_\_\_\_

**** Normal

**** Follow up with health care provider/ Consulte con su doctor o enfermera

**** Unable to assess because/ No se pudo evaluar porque:

*(Reason unable to assess)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For children 36 months of age or older:

**Blood Pressure/Tensión femenino: \_\_\_\_\_\_\_\_\_\_**mm/Hg Percentile: \_\_\_\_\_\_\_\_\_\_

**** Normal

**** Follow up with health care provider/ Consulte con su doctor o enfermera

**** Unable to assess because/ No se pudo evaluar porque:

*(Reason unable to assess)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nursing Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature/Firma de Padre: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date/Fecha: **\_\_\_\_\_\_\_\_\_\_\_\_\_**