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

**Infant** **(0 - 12 months)**

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

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

**Length, Weight, & Head Circumference**

**Length/Estatura:** \_\_\_\_\_\_\_\_in \_\_\_\_\_\_\_\_cm Length-for-age percentile: \_\_\_\_\_\_\_\_\_\_

**Weight/Peso**: \_\_\_\_\_\_\_\_lbs \_\_\_\_\_\_\_\_kg Weight-for-age percentile: \_\_\_\_\_\_\_\_\_\_

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)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head circumference/ Circumferencia de cabeza**: \_\_\_\_\_\_\_\_in \_\_\_\_\_\_\_\_cm 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)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional comments/Comentarios**:

Nursing Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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