



**COLLEGE OF SOUTHERN IDAHO HEAD START/EARLY HEAD START**

998 Washington St. N.  
PO Box 1238  
Twin Falls, Idaho 83303-1238  
208-736-0741



**Appointment Date:** \_\_\_ / \_\_\_ / \_\_\_ **Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Head Start Center** \_\_\_\_\_ **Head Start Tracking #** \_\_\_\_\_ **Medicaid #** \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Head Start requires a complete Well Child Exam and the following screenings of every Head Start child.

We understand \_\_\_\_\_ will be having this exam completed by your office.

Please be sure the following checked items are done on this child.

\_\_\_\_\_ Overall physical exam and assessment of all body regions

\_\_\_\_\_ **Blood lead screening** (If your office is not equipped, please refer child to a hospital lab.)

\_\_\_\_\_ Height/Weight

\_\_\_\_\_ Vision screening (include strabismus and acuity)

\_\_\_\_\_ Hearing screening

\_\_\_\_\_ Blood pressure ( for age 3-5)

\_\_\_\_\_ Immunizations Update (Please Check Record)

\_\_\_\_\_ Hematocrit or Hemoglobin ( to be completed at age 12 /15/24 months and age 5)

\_\_\_\_\_ Urinalysis, if suspect problem

Please complete the attached forms if you need copies, please feel free to copy and return original form to the Head Start Center whose address is at the bottom of this page.

Thank you,

Family Educator

Please Return to :

\_\_\_\_\_ Head Start Center

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