



Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312
 (360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



Early Head Start Center Based Health Screening Results

Child _____

DOB _____

Hearing and vision is completed using the Three-Pronged Vision and Hearing screener with the parent/guardian within 45 days of enrollment and every 6 months thereafter.

We weigh and measure children during the year to watch that they are growing in a manner that is right for them. Initial height and weight is completed within 90 days of enrollment and every 3 months thereafter.

Hearing

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Vision

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Growth (Heights and Weights)

Date			
Height	Inches	Inches	Inches
Weight	Pounds	Pounds	Pounds
Wt. for Ht.	%	%	%

Date growth screening results shared with parent/caregiver and initials of screener.

Date _____ Initials _____ Date _____ Initials _____
 Date _____ Initials _____ Date _____ Initials _____
 Date _____ Initials _____ Date _____ Initials _____

Date 3-Prong screening results shared with parent/caregiver and initials of screener.

Date _____ Initials _____ Date _____ Initials _____
 Date _____ Initials _____ Date _____ Initials _____
 Date _____ Initials _____ Date _____ Initials _____



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Early Head Start Center Based Health Screening Results

Child _____

DOB _____

RESCREEN

Hearing Rescreen

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Vision Rescreen

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Date _____
 _____ No concerns
 _____ Concerns noted, follow up in Action Log required

Growth Rescreen (Heights and Weights)

Date			
Height	Inches	Inches	Inches
Weight	Pounds	Pounds	Pounds
Wt. for Ht.	%	%	%

Date growth rescreen results shared with parent/caregiver and initials of screener.

Date _____ Initials _____ Date _____ Initials _____
 Date _____ Initials _____ Date _____ Initials _____
 Date _____ Initials _____ Date _____ Initials _____

Date 3-Prong rescreen results shared with parent/caregiver and initials of screener.

Date _____ Initials _____ Date _____ Initials _____
 Date _____ Initials _____ Date _____ Initials _____
 Date _____ Initials _____ Date _____ Initials _____