

**Attach a Kan Be Healthy
Physical form**

**Attach a copy of the
Dental History / Dental
Examination form**

To Parent/ Guardian:

**Please take this
brochure with you to
your appointments**

**Kan Be Healthy
Physical has been
explained to parent/
guardian**

**WIC Information
explained to parent
Child can get
hemoglobin at WIC**

***Application
Checklist***

**Informational Flier
Head Start
Requirements**

**What should I ask my Health Care Provider For?
What does a Kan Be Healthy include?**

Appointment for Completion of Application

Date: _____

Time: _____

Person taking application/
Contact Person 's Name:

If you need assistance in obtaining any items listed in this brochure please contact the person listed above.



- Height and weight
- Temperature, pulse, Respiration
- Blood pressure for a child 3 to 20
- Allergies
- Present Concerns
- Family Medical History
- Child Medical History
- Developmental Screening
- Nutrition
- Unclothed Physical Examination
- Blood lead level is due at 12 months and 24 months.
- Verbal lead Screen is to be completed at every Kan Be Healthy Screen from 6
- Verbal lead Screen Any one or more yes response requires a blood lead test.
- If not previously tested at 12 or 24 months a blood lead level test is due between 36 & 72 months
- Hemoglobin/ Hematocrit Due at 9 month and 15 years Has your child had a hemoglobin at any time?

Head Start needs a hemoglobin
- Vision Screen
- Hearing Screen
- Assessment results Plan/ Referrals
- Immunization Record
 - All age appropriate immunizations have been given.
 - Information on Centers for Disease Control Recommended immunizations has been reviewed with me.
 - I have been given the option of receiving the above recommended immunizations. (see updated immunization schedule for record of immunizations that my child has received.

My child will need the following items in order for my application to be complete:

Application

- Income Verification 2006 Income tax form or 3 pay stubs or SRS printout
- State Birth Certificate
- Social Security Cards for all Members of Family

Medical Information

- Health Insurance Card
- Immunization Record
- Kan Be Healthy Physical:

Date of Physical: _____

Time of Physical: _____

Name of Provider:

Address:

Telephone Number:

Dental Examination

Date of Dental Appointment: _____ Time : _____

Name of Provider:

Address: _____

Telephone Number: _____