HEALTH - SUMMARY OF SERVICES
School District Preschools

CHILD'S NAME_____

DATE	PROGRESS NOTE #	SERVICE

H1. CERTIFICATE OF IMMUNIZATION STATUS (Date CIS signed)

_____

IMMUNIZATION REVIEW FORM

Date _____ Complete Date _____ Up-to-Date
Date _____ Behind Schedule Date _____ Exemption

H2. MEDICAL ALERTS/ALLERGIES

Date		Date		Date		Date	
☐	Severe Allergy	☐	Food Allergy	☐	Asthma	☐	Seizure Disorder
☐	Protocol Completed	☐	Special Diet/Food Sub. Form Completed	☐	Asthma Management Protocol Completed	☐	Protocol Completed

H3. VISION SCREENING (*Not Required Morrow County*)

_____ ☐ Passed ☐ Referred Date _____ Rescreen ☐ Passed ☐ Referred
Date _____ Rescreen ☐ Passed ☐ Referred

H4. AUDIO SCREENING (*Not Required Morrow County*)

_____ ☐ Passed ☐ Referred Date _____ Rescreen ☐ Passed ☐ Referred

Date _____ Rescreen ☐ Passed ☐ Referred

Date _____ Fall Height and Weight
Date _____ Spring Height and Weight

FLUORIDE VARNISH APPLICATION/HYGIENE SCREEN

Date _____ ☐ Referred
Date _____ ☐ Referred (Could be offered in both)

H5. INCIDENT REPORT

Date	Date	Date
_____Injury:_____	_____Injury:_____	_____Injury:_____

H6. MEDICATION ADMINISTRATION AUTHORIZATION

_____ _____ _____ _____ _____ _____ _____