



West Virginia Department of Health and Human Resources  
HealthCheck Program  
Preventive Health Screen

5 Year Old Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex M F WT \_\_\_\_\_ HT \_\_\_\_\_ BP \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Screen Date \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Health condition(s) that may require care at school: \_\_\_\_\_

Vision Acuity Screen (obj) R \_\_\_\_\_ L \_\_\_\_\_  
Wears glasses  Yes  No

Hearing Screen (obj)  
20 db@ \_\_\_\_\_ 25 db@ \_\_\_\_\_  
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
Wears hearing aids  Yes  No

Dental Screen  
Date of last dental visit \_\_\_\_\_  
Water source \_\_\_\_\_ Fluoride  Yes  No  
 Current dental problems:

**Developmental:**  Check those that apply  
Gross Motor:  
 Walks, climbs, runs  may be able to skip  
 Up/down stairs alternating feet, without support

**History:**  No change  
Concerns and questions:

Follow up on previous concerns:

Recent injuries, illnesses or visits to other providers:

**Social/Family History:**  Check those that apply  
 No change  
 Family situation change

Parents working outside home?  Mother  Father  
Child care?  No  Yes \_\_\_\_\_  
Other changes since last visit:

**Current Health Indicators:**  Check those that apply  
 No change  
Changes since last visit:

School: Grade \_\_\_\_\_  Attends school regularly  N/A  
 Ability to separate from parents \_\_\_\_\_  
Likes most about school \_\_\_\_\_  
Likes least about school \_\_\_\_\_

Family:  Gets along with other family members

**GROWTH PLOTTED ON GROWTH CHART**  
 Normal elimination  Normal sleep patterns  
 Appropriate behavior

**Developmental:**  Check those that apply  
Fine Motor:  
 Copies ▲ or ■  Prints some letters  
 Draws figure w/head, arms and legs  Dresses self  
 Has manual dexterity  
Communication:  
 Able to recall parts of story  
 Fluent speech  Uses complete sentences  
 Speaks in short sentences  Uses future tense  
 Second language spoken at home  
Cognitive:  
 Knows address and phone #  
 Can count on fingers  Follows 2-3 step instructions  
 Recognizes many letters of the alphabet  
Social:  
 Listens to stories  Follows rules  
 Plays interactive games with peers  
 Elaborate fantasy play/make believe/dress up

**Nutrition:**  Normal eating habits  
 Vitamins \_\_\_\_\_

Passive smoking risk  Yes  No  
**Tuberculosis Risk:**  Low risk  High risk

Exposure to TB  Homelessness  
 Radiographic or clinical findings  
 Immigrant from areas with high prevalence  
 Residence/Travel in area with high prevalence  
 HIV infection or living with person(s) who are HIV+  
 Other risk factors  
**Lead Risk:**  Low risk  High risk  
 Lives in or regularly visits a house/child care facility built before 1970 or that has been recently remodeled?  
 Lives near a heavily traveled highway or battery recycling plant or lives with an adult whose job or hobby involves exposure to lead?  
 Has a sibling or playmate with a history of elevated lead level?

**Physical Examination:**  =Normal limits  
 General appearance  Skin  
 Neurological  Reflexes  
 Head  Neck  
 Eyes  Strabismus  
 Nose  Ears  Throat  
 Lungs  Heart  Pulses  
 Abdomen  Genitalia  
 Back  Extremities

**Abnormal Findings and Comments:**  
Possible signs of abuse:  Yes  No

**Immunizations:**  UTD  If not UTD, see attached record

**Referrals:**  Developmental  Dentist  Vision  
 Hearing  Blood lead 10+  Other:

Provider signature required for validation.  
\_\_\_\_\_  
Please Print Name of Facility or Clinician  
\_\_\_\_\_  
Signature of Clinician/Title  See Progress Notes

The information above the line is intended to be released to meet the requirements of pre-k and kindergarten screening.

**Health Education:**  
 Discussed  Handout(s) given  
Healthy and safe habits: nutrition, sleep, oral/dental care, sexuality, injury and violence prevention, social competence, school entry, family relationships and community interaction

Other:

**Assessment:**  Well Child  Other diagnosis

**Plan/Referrals:**

Labs:  Blood lead, if needed or high risk

Referrals: see manual for automatic referrals  
 Other referral(s)

Follow up/Next visit:  
Additional comments:

School Entry Requirements

