

HS Health Folder Audit Checklist

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|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Site _____ | | | | | | | | | | | | | | | | | | | | |
| Classroom _____ | | | | | | | | | | | | | | | | | | | | |
| FSW _____ | | | | | | | | | | | | | | | | | | | | |
| Date Reviewed _____ | | | | | | | | | | | | | | | | | | | | |
| Date Completed _____ | | | | | | | | | | | | | | | | | | | | |
| *REQUIRED ON EACH CHILD | | | | | | | | | | | | | | | | | | | | |
| *Consent to Release Confidential Information Expiration Month | | | | | | | | | | | | | | | | | | | | |
| * Dental Exam- In-Office | | | | | | | | | | | | | | | | | | | | |
| *Hearing & Vision Form Sweep Form & DSHS Form | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| * Insurance Card | | | | | | | | | | | | | | | | | | | | |
| *Lab Results Hgb and Lead | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| * Lead Questionnaire | | | | | | | | | | | | | | | | | | | | |
| * Medical Condition Form | | | | | | | | | | | | | | | | | | | | |
| * Notification of Developmental Screenings | | | | | | | | | | | | | | | | | | | | |
| * Nutrition Information Form | | | | | | | | | | | | | | | | | | | | |
| * Permission & Agreement Form | | | | | | | | | | | | | | | | | | | | |
| *Physical Exam | | | | | | | | | | | | | | | | | | | | |
| * TB Questionnaire | | | | | | | | | | | | | | | | | | | | |
| Consent for Health Services | | | | | | | | | | | | | | | | | | | | |
| Dental Treatment/Follow-up | | | | | | | | | | | | | | | | | | | | |
| Emergency Action Plan | | | | | | | | | | | | | | | | | | | | |
| Hearing/Vision Referrals | | | | | | | | | | | | | | | | | | | | |
| Nutrition-MD Documentation | | | | | | | | | | | | | | | | | | | | |
| On-Site Dental Exam | | | | | | | | | | | | | | | | | | | | |
| Physical Exam-Blood Pressure | | | | | | | | | | | | | | | | | | | | |
| Refusal of Services | | | | | | | | | | | | | | | | | | | | |

Notes _____

HS Staff Signature _____ FSW Signature _____