

UMATILLA-MORROW HEAD START-HEALTH COMPONENT  
APPOINTMENTS AND TRACKING

Child's Name on Medical Card \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ Classroom \_\_\_\_\_

Nutrition Assessment Appointment Date \_\_\_\_\_

Well Child Appointment Date \_\_\_\_\_

Medical (Home) Clinic \_\_\_\_\_

Dental Appointment Date \_\_\_\_\_

Dental (Home) Clinic \_\_\_\_\_

Child has visible decay \_\_\_\_\_ Yes \_\_\_\_\_ No

Health Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Applying for Insurance \_\_\_\_\_

Possible Voucher Needed \_\_\_\_\_ Yes \_\_\_\_\_ No

Hearing and Vision Concerns \_\_\_\_\_ Yes \_\_\_\_\_ No

Immunizations Up to Date \_\_\_\_\_ Yes \_\_\_\_\_ No

Protocol Required \_\_\_\_\_ Yes \_\_\_\_\_ No

Completed \_\_\_\_\_ Yes \_\_\_\_\_ No

Asthma      Seizure      Allergy      Food Substitution      Other \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Advocate/CFA Signature \_\_\_\_\_

Health Staff Signature \_\_\_\_\_

