

# HEAD START of LANE COUNTY

221 B Street • Springfield OR 97477-4522  
541-747-2425 • FAX: 541-747-6648 • <http://www.hsolc.org>

ID#: \_\_\_\_\_

## HEALTH APPRAISAL VALORACIÓN DE SALUD

Child's Name / Nombre del niño: \_\_\_\_\_ Birthdate / Fecha de nacimiento: \_\_\_\_\_

Physician's Name / Nombre del pediatra: \_\_\_\_\_ Fax #: \_\_\_\_\_

I give my permission for mutual exchange of information concerning my child / Doy permiso para que se intercambie información con respecto a mi hijo/a.

Parent permission received/ Permiso recibido del padre/madre/tutor legal

Parent's Name/Nombre del padre/madre / tutor legal: \_\_\_\_\_

Parent's Signature/Firma del padre/madre/ tutor legal: \_\_\_\_\_

### MEDICAL PERSONNEL ONLY PARA USO DEL PERSONAL MÉDICO SOLAMENTE

Date of last exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Iron Deficiency Anemia?  No  Yes

1) Are there any conditions that need accommodations in the classroom, or require follow-up treatment? (Asthma, allergies, speech delays, birth defects, illnesses, etc)

No  Yes, please explain under "Comments"

2) Are there any medications that should be dispensed in the classroom?

No  Yes, please list under "Comments"

3) Is he/she up to date on a schedule of age appropriate preventative and primary health care?

No  Yes

4) Are you serving as this child's "Medical Home" or Primary Care Provider?

No  Yes

Comments:

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Date

Any questions? Call 541-747-2425 ext 1238.

**PLEASE RETURN THIS FORM TO HEAD START  
OF LANE COUNTY OR FAX TO 541-747-6648**

(R:6/11-C:4/02) NCR 2  
WHITE : Health Records  
YELLOW : Site File, Section 2