



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

4 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 \_\_\_\_\_  
 Unable to obtain, re-screen in 4-6 months

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  
 Unable to obtain, re-screen in 4-6 months

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  Hops, jumps on 1 foot  
 Up/down stairs alternating feet, without support  
 Throws overhand  Rides bicycle with training wheels  
**Fine Motor:**  
 Builds 10 block tower  Uses utensils  Has manual dexterity  
 Draws 3 part person  Puts on/removes clothes  
**Communication:**  
 Uses past tense  Talks about daily experiences  
 Speaks intelligibly  Uses 4-5 word sentences  
 Short paragraphs  May show some lack of fluency  
**Cognitive:**  
 Names 4 colors  Aware of gender (of self and others)  
 Knows difference between fantasy and reality  
**Social:**  
 Listens to stories  Can sing a song  
 Plays interactive games with peers  Elaborate fantasy play

**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.

**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 \_\_\_\_\_  
Family:  Gets along with other family members

GROWTH PLOTTED ON GROWTH CHART

Normal elimination  
 Normal sleep patterns  
 Appropriate behavior

**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 who has or did have lead poisoning?

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

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

**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

