

Home Based Notice of Needed Information

Date: _____

Child's Name: _____

Facility: _____

Home Base Staff: _____

Dear Parent or Guardian,

State and Federal regulations require children enrolled in the Head Start Program to have:

- A. All immunizations must be current or up to date prior to enrollment. **If immunizations are not current/up-to-date, child will not be allowed to attend socializations.**
- B. A physical examination completed **within 90 days of enrollment** including a valid TB clearance/Risk Assessment. Physical Exams are to be completed at birth, every 2 months from 1-6 months, every 3 months from 6-17 months, once between 18-23 months, then annually after the age of 2 years old.
- C. Dental Exam within 90 days. Treatment must be received when Dental problems are identified by child's doctor or examining dentists.

Our records show that your child is in need of:

- | | |
|--|---|
| <input type="checkbox"/> HIB immunization | <input type="checkbox"/> Lead Level Results (Current or past results) |
| <input type="checkbox"/> Hep A immunization | <input type="checkbox"/> Asthma (Paperwork for Doctor to sign) |
| <input type="checkbox"/> Hep B immunization | <input type="checkbox"/> HGB/HCT results |
| <input type="checkbox"/> DTP immunization | <input type="checkbox"/> Medical Treatment Follow-up Records |
| <input type="checkbox"/> MMR immunization | <input type="checkbox"/> Health History |
| <input type="checkbox"/> Polio immunization | <input type="checkbox"/> Dental Exam/Treatment |
| <input type="checkbox"/> Varicella immunization | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> TB Risk Assessment by Physician and/or TB skin test | |
| <input type="checkbox"/> Physical Exam (Complete within 90 days of enrollment) | |

Please bring the requested information to the office by _____ to keep your child's health file up to date.

If requested items are not up to date, it may affect your child's enrollment into another Head Start option.

Please contact your health care provider for an appointment or your designated health staff, if assistance is needed.

Health Staff and Contact Number

Date