



## Health Contact Follow-up Form

This is a summary for the child listed below. We hope that it will be of assistance to you.

Child's name \_\_\_\_\_

	Date Screening completed	Results were normal Yes/No	Date of Follow-up/Treatment	Results
Hearing				
Vision				
Dental				
Physical				

Additional Information:

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\_\_\_\_\_  
 Staff Signature/Date

**File in Health Section  
 and  
 Give copy to Parent**