



# HEALTH SCREENING FACT SHEET



**PURPOSE:** To use as a guide when reviewing the purpose and results of the health screenings with parents. This information is also included in the Head Start Health Handbook for Parents.

## RATIONALE FOR REQUIRED HEALTH SCREENINGS

**Heights & Weights**  
These measurements help staff to assess children's nutritional status and determine if there is a need for a nutrition or health referral based on the child's individual growth patterns. Growth charts assist staff in identifying possible concerns for children who fall below the 5th percentile and who are on/or above the 85th percentile on the BMI growth chart or weight for length for EHS children under 3 years old. For EHS children at or over 50 pounds, an internal referral (CACU Service Request) is submitted to the Nutrition Coordinator as long as the parent approves of the referral.

**Hematocrit or Hemoglobin (4 mo+)**  
During your child's physical exam, the doctor will complete an anemia risk assessment or hematocrit or hemoglobin blood test to screen your child for anemia (iron deficiency). An actual blood test to screen for anemia is required at 12 months of age. If your child's HGB falls below 11.0 mg/dl and/or their HCT is below 34%, staff can provide a referral.

**Vision**  
On children under 3 years of age, a physician completes a clinical observation of your child's vision which notes their ability to see and the structure of their eyes. After age 3, the physician will also test the strength of the child's vision in both eyes. Routine vision screening can help detect concerns such as strabismus (misalignment of the eyes), amblyopia (reduced vision commonly known as a "lazy eye"), or refractive errors like nearsightedness. A physician may indicate that the child "passed" or "failed" or that their vision is "normal" or "abnormal". If a child fails a vision test or their result is abnormal, follow up is required.

**Hearing**  
On children under 3 years of age, a physician completes a clinical observation of your child's hearing which notes their ability to hear and the structure of their inner ear. After age 3, the physician will also test the strength of hearing in both ears. Routine hearing screening can help detect concerns such as hearing loss, ear infections, and possible language delays.

**Blood Pressure (3 yrs+)**  
It is very important to detect high blood pressure (hypertension) early; it is recommended that all children have their blood pressure checked beginning at age three. Monitoring your child's blood pressure may help diagnose a serious health problem, that if caught early, monitored, and treated, will help them lead an active, normal life. As children age, their healthy blood pressure levels rise. Normal blood pressure for a preschooler ranges from (3-5 y): 89-112/46-72. (<https://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-pediatric-jnc-4/blood-pressure-tables>)

**TB Risk Assessment**  
Tuberculosis (TB) is a contagious infection that most often infects the lungs, but can also attack other parts of the body, such as the spine, kidneys, and brain. During your child's physical exam, the doctor will complete a TB Risk Assessment questionnaire with you regarding your child's possible exposure to an infected adult. If TB risk factors aren't present, a TB skin test is not required. If risk factors are present, a TB skin test is required (unless a previous positive skin test is documented).

**Lead Test (EHS 12mo & 24mo)**  
Lead testing involves testing your child's blood for high blood lead levels (BLL). A high BLL is associated with negative effects on cognitive development, growth and behavior among children ages 1-5 years. Common sources of lead in the environment come from lead-based paint in older homes and lead contaminated soil near busy roads and factories. Screening is necessary to identify children who may need environmental or medical intervention to reduce their BLLs. A child with a BLL of 5.0 mcg/dl should be retested in six months.

**Physical Exam/Well Baby Check-up**  
The timeline and frequency of your child's well-visits is based upon California's state guidelines for regularly scheduled visits and examinations. Your infant should receive a Well-Baby Checkup at 1m, 2m, 4m, 6m, 9m, 12m, and 15m. Your toddler should receive a Toddler Physical Exam at 18m, 24m, 30m, and 36m. After age 3, all exams are completed annually. In addition to medical screenings, physicals also include an exam of the child's physical appearance, immunizations received, nutrition/health history, abnormal findings and developmental milestones.

**Dental Exam (24mo+)/Oral Visual Exam (0-24mo)**  
On children under 2 yrs. of age, a physician completes a visual exam of the child's mouth to ensure gums and teeth are developing properly. After age 2, Head Start children are required to receive dental exams on a yearly basis. During these exams your child's teeth will be carefully inspected, cleaned, checked for cavities, be given fluoride treatments and possibly have x-rays to check their teeth thoroughly. If further dental treatment is needed, Head Start can provide financial assistance. It is also recommended that children receive a follow-up exam 6 months after every dental exam.

**Anticipatory Guidance**  
Anticipatory guidance is given by the health care provider to assist parents or guardians in the understanding of the expected growth and development of their children. Anticipatory guidance, specific to the age of the patient, includes information about the benefits of healthy lifestyles and practices that promote injury and disease prevention.