



Spokane County Head Start/ECEAP/EHS **HEALTH REQUIREMENT REMINDER**

Date_____

Child's name_____

Parent/guardian's name_____

Our goal at Head Start/ECEAP/EHS is to make sure that children are healthy. Based on well child care standards, our records show that your child is due for one or more of the following:

- Well child exam with your doctor.
- Hematocrit results from your doctor.
- Dental exam with your dentist.
- Blood lead screening.
- Other_____

Please call me if your child has an appointment scheduled, is currently in the treatment process, our records are incorrect, if you need help getting the exam(s) or screening(s) done, or need any other assistance. I look forward to talking with you. Thank you for your help.

Family service coordinator (please print)_____

Phone number_____

White—Parent

Yellow—Child's File