



## 2.7 Supplemental Health Data Instruction Sheet



### **PURPOSE STATEMENT**

The form is utilized to record health screenings that were conducted by Early Head Start/Head Start (EHS/HS) staff, as well as when a screening/test result was collected and verified by staff from a clinic/health care provider.

### **TIMELINE**

The form is completed after staff completes vision, hearing, and height/weight screenings on a child, and/or as soon as screening results are verbally received from a clinic/health care provider that was missing on the physical form (with the exception of the height/weight screenings which must be completed by staff regardless of whether there are results on the physical).

All screening results are reviewed with parent/guardian **as quickly as possible**.

Any identified abnormal findings are addressed **immediately** with the parent/guardian or no later than 30 days after staff obtained the results.

### **STAFF RESPONSIBLE**

Family Service Advocate, Home Visitor, Early Head Start Teacher, Family Services Supervisor, Site Supervisor/Assistant Site Supervisor, Home-Based Supervisor

### **INSTRUCTIONS**

This form is completed only when an EHS/HS staff conducted the screening and/or when a screening/test result was obtained verbally from a clinic/health care provider.

Any electronic or health documentation received from the clinic/health care provider that documents the results of a missing item on the physical is filed in the Child File, Section 2, after the physical form and does not need to be documented on the Supplemental Health Data form.

1. Complete each section as prompted on the Supplemental Health Data form.
2. **“Person/Agency Performing Screening”** Document the name of person/agency that conducted the screening.
3. **“Information Recorded By”** and **“Measurements Taken By”** Document the name of site staff that received the information or conducted the screening.
4. **“Source of Information”** Document the name of clinic/health care facility/agency from whom the information was obtained.
5. **“Comments/Follow-Up”** Document additional information pertaining to child's screening results. For example, “child failed hearing test,” or “parent was referred back to health care provider to acquire further testing.”