CHILD HEALTH SCREENINGS

CHILD'S NAME: _____

PEDIATRICIAN

repeat: every six months

Date	Doctor	Notes

Date	Doctor	Notes

DENTAL

repeat: every six months

Date	Doctor	Notes

VISION

repeat: every twelve months

Date	Doctor	Notes

HEARING

repeat: every six months

Date	Doctor	Notes

DEVELOPMENTAL

repeat: as needed

Date	Doctor	Notes

VACCINATIONS

Name	Date	Booster Dates				