

Name of Program: Kids Planet CDC

WELL CHILD CHECKLIST SIGNATURE PAGE

Please circle yes or no for each of the following statements:

My Child has received a well child check: YES or NO

My child has received a Dental Screening: YES or NO

My Child has received a Vision Screening: YES or NO

My Child has received a Hearing Screening: YES or NO

If I have circled 'NO' in any of the above questions, I have been given appropriate resources to get these completed.

Child's Name

Parent/guardian's Signature

Date