



The Center
 Early Childhood Programs
 Lake County School District R-1

315 West 6th Street
 Leadville, CO 80461

Phone 719 486-6923
 Fax 719 486-9992

Head Start, Colorado Preschool Tuition-Based Preschool and School Age Programs, Services for Children with Special Needs

**Blood Lead/Hemoglobin Test and Immunizations
 2018-2019**

Child's Name: _____ **Birth Date** _____ **Sex:** _____

Parent's permission for Public Health or physician to fax immunization records and blood test results:

Parent's name: _____

Parent's signature: _____

Date: _____

To Be Completed by your Physician or Public Health 112 West 5th Street-486-2413

Please fax this form, child's immunization records and additional forms to The Center: 719-486-9992

Blood Test: Hemoglobin	Date: _____ Results: _____	<input type="radio"/> Next annual blood test due: _____ <input type="radio"/> Date of follow up retest: _____
Blood Test: Lead	Date: _____ Results: _____	<input type="radio"/> Next annual blood test due: _____ <input type="radio"/> Date of follow up retest: _____
Immunizations: Please attach a copy of child's immunization record to this form. If child is not UTD, fill out the bottom portion of a state exclusion form and attach to the child's immunization record. Please include dates for future vaccines.	Is Child UTD on all immunizations required for preschool? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Plan attached Date of next appointment: _____

Date received: _____ Person receiving form: _____ (For Center use)