

PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

SCREENING REQUIREMENT	A. AGE OF PERSON BEING SCREENED														
	Under 1 mo.	1-2 mo.	3-4 mo.	5-6 mo.	7-9 mo.	10-12 mo.	13-15 mo.	16-23 mo.	2 yr.*	3 yr.*	4-5 yr*.	6-8 yr*.	9-12 yr*.	13-16 yr*.	17-20 yr*.
Interval Until Next Exam	1 mo.	2 mos.	2 mos.	2 mos.	3 mos.	3 mos.	3 mos.	6 mos.	1 yr.	1 yr.	2 yr.	3 yr.	4 yr.	4 yr.	None
HISTORY AND PHYSICAL EXAMINATION	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Anticipatory Guidance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Dental Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Development/Behavioral	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Nutritional Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Pelvic Exam 1														x	x
Tobacco Assessment		x	x	x	x	x	x	x	x	x	x	x	x	x	x
MEASUREMENTS															
Blood Pressure										x	x	x	x	x	x
Head Circumference	x	x	x	x	x	x	x	x							
Height/Length and Weight	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
SENSORY SCREENING															
Audiometric 2										x	x	x	x	x	x
Clinical Observation	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Non-audiometric	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Visual Activity Test (Snellen) ²										x	x	x	x	x	x
PROCEDURES/TESTS															
Blood Lead Risk Assessment				x	x	x	x	x	x	x	x				
Blood Lead Test						x			x						
Hematocrit or Hemoglobin					x		x		x	x	x	x	x	x	x
TB Exposure Risk Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Tuberculin Test											x		x	x	
Urine Dipstick or Urinalysis											x	x	x	x	x
OTHER LABORATORY TESTS															
Chlamydia Test	To be done when health history and/or physical examination warrants														
Gonorrhea Test	To be done when health history and/or physical examination warrants														
Ova and Parasites	To be done when health history and/or physical examination warrants														
Papanicolaou (Pap) Smear	To be done when health history and/or physical examination warrants														
Sickle Cell	To be done when health history and/or physical examination warrants														
VDRL RPR, or ART	To be done when health history and/or physical examination warrants														
IMMUNIZATIONS	Administer as necessary to make status current														

*One check-up per year for foster children between the ages of 2 and 19 years

NOTE: Children coming under care who have not received all of the recommended procedures for an earlier age should be brought up to date as soon as appropriate.

1 Recommended for sexually active females and females age 18 years and older.

2 Snellen testing and audiometric testing should start at age 3 years if possible. Clinical observation and non audiometric testing may be substituted if child is uncooperative.