

Iowa Recommendations for Preventive Health Care – School-Age Youth

Health Provider's Guide		AGE ⁹											
		5 yr.	6 yr.	7 yr.	8 yr.	9 yr.	10 yr.	11 yr.	12 yr.	13 yr.	14 yr.	15 yr.	16 yr.
History:	Initial and Interval	●	●	●	●	●	●	●	●	●	●	●	●
Measurement:	Height/Weight	●	●	●	●	●	●	●	●	●	●	●	●
	Body Mass Index	●	●	●	●	●	●	●	●	●	●	●	●
	Blood Pressure	●	●	●	●	●	●	●	●	●	●	●	●
Sensory Screen:	Vision	●	●	●	●	●	●	S	●	S	S	●	●
	Hearing	●	●	●	●	●	●	S	●	S	S	●	●
Developmental/Behavior/School:	Screen	●	●	●	●	●	●	●	●	●	●	●	●
Complete Unclothed Physical Exam		●	●	●	●	●	●	●	●	●	●	●	●
Lab:	Hematocrit or Hemoglobin	●						●	→				
	Urinalysis	●						●	●	●	●	●	●
	Lead Test ¹⁰	◆	◆										
	Cholesterol Screen	◆	→										
	STD Screen ¹¹	◆	→										
	Genital or Pelvic Exam ¹²	◆	→										
	TB test ¹³	◆	→										
Immunizations:	<i>per Iowa schedule</i> ¹⁴	●	●	●	●	●	●	●	●	●	●	●	●
Family Guidance:	Injury Prevention	●	●	●	●	●	●	●	●	●	●	●	●
	Seat Belt Use	●	●	●	●	●	●	●	●	●	●	●	●
	Bike Helmet Use	●	●	●	●	●	●	●	●	●	●	●	●
	Violence Prevention ¹⁵	●	●	●	●	●	●	●	●	●	●	●	●
	Nutrition & Physical Activity Counseling	●	●	●	●	●	●	●	●	●	●	●	●
	Pregnancy Prevention ¹⁶	◆	→										

- Key:
- = to be performed
 - ◆ = to be performed for at-risk children
 - S = subjective, by history
 - O = objective, by standard testing
 - = range in which the task may be completed

For questions about school-age preventive health care go to www.brightfutures.org or www.aap.org.

School-age youth with health, social, or behavior questions, refer to **TEENLINE 1-800-443-8336**.

⁹ If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

¹⁰ Lead testing Iowa Lead Testing program 1-800-242-2026.

¹¹ Sexually active youth should be screened.

¹² Sexually active youth should be screened.

¹³ TB testing for at-risk children Iowa TB program 1-800-383-3826.

¹⁴ Immunization per schedule Iowa Immunization program 1-800-831-6293.

¹⁵ All families to receive violence prevention.

¹⁶ All sexually active youth should have access to pregnancy prevention services. Call TEENLINE 1-800-443-8336.

Phone Numbers

Police _____ Poison Control _____

Fire _____ Paramedics _____

Child's Name	Birthdate	Parents		Doctor	School	Emergency Contact	
		Name	Home			Work	Name
		M					
		F					
		M					
		F					
		M					
		F					
		M					
		F					
		M					
		F					
		M					
		F					
		M					
		F					

Home Address _____

Telephone Numbers _____

Monthly Medicine Record

Child Name: _____ Month _____ Year _____

Child Known Allergies:

Parent Permission to give medicine: I give my permission for the child care business to give the following medicine(s) to my child.

Date:	Parent Signature Giving Permission:	Name of medicine on the label:	Medicine dose on the label:	Time of day medicine is to be given at child care: ¹	Route of medicine as on the label:	Possible side effects:	Required storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Refrigeration not required
<input type="checkbox"/> Medicine is doctor approved and doctor authorization form on file at child care		Reason medicine needed: Special instructions for giving medicine: ² Beginning date for medicine: _____ Ending date for medicine: _____					

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Parent permission to contact pharmacy and physician: I give my permission for the child care business to contact my child's pharmacy and physician should questions arise or a situation occur that involves my child and the medication.
 Parent Name (print): _____ Parent Signature: _____ Date: _____

¹The time of day for the medicine needs to be consistent between home, child care and other programs where the child is located like school. Ask the parent when the medicine is given at home so medicine doses may be evenly spaced for maximum benefit.

²The medicine may need to be given before meals, after meals, with food, with a specific liquid (water or milk). All instructions should be written on the medicine label or instructions. When in doubt, call the pharmacy where the prescription medicine was dispensed.