Cook County DEPT. of Public Health | BUILDING HEALTHIER COMMUNITIES

School:		Date:
School Address:		**Age:** _____ 3- 5 years old
Directory/Teacher:		**Room #:**

Child's Name	Age	Sex	Initial Sceen		Re-Screen		Comments
			H	V	H	V	
1							
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VH-680 updated 7/15/25

Initial Screen by:

Date of Rescreen:

Rescreen by: