



## SCUSD Early Learning and Care Department Hemoglobin Risk Assessment

Child's Name: \_\_\_\_\_ Preschool Site: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please review and answer the questions below regarding your child's health/medical history. These are screening questions to help determine if your child may be at risk for anemia.

The Center for Disease Control and Prevention (CDC) recommends that infants and children are screened for this risk for preschool children yearly starting at the age of 3.

### GENERAL HEALTH

Yes No

Has your child regularly experienced tiredness or lack of energy?

### FAMILY HISTORY

Has any family member been diagnosed with anemia or low blood hemoglobin levels?

Has any family member been diagnosed with sickle cell, thalassemia or other blood disorder?

### DIETARY and LIFESTYLE

1. Does your child currently drink more than 20 ounces of milk per day?
2. Does your child have a diet rich in iron containing foods like lean meat, beans, dark leafy greens?
3. Does your child regularly eat or drink foods containing Vitamin C like orange juice, fruits, tomatoes?
4. Does your child have a history of lead exposure? (risks include living in a home built before 1978, eating lead-based paint?)
5. Does your child have a history of eating non-food edible items like dirt, chalk, etc.?

### PREVIOUS HEMOGLOBIN BLOOD TESTS

Has your child ever had a blood test to check their hemoglobin levels?

If yes, please provide the date and the results of the most recent lab test, if available: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_