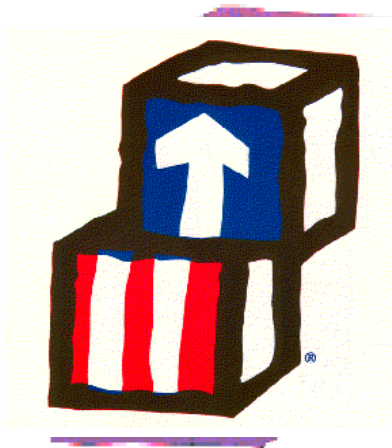


# HEAD START HEALTH WORK SHEET



Delegate/Center \_\_\_\_\_

Teacher \_\_\_\_\_

Nurse \_\_\_\_\_

Program Dates: Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending \_\_\_\_/\_\_\_\_/\_\_\_\_