Mid-Delta Head Start  
Medical Follow Up

Date: _______________________

Dear Parent,

It is time for a medical follow up for your child _______________________.

Please have your child’s doctor fill out the bottom part of this form and return the form to your child's Head Start Teacher, so it can be placed in your child’s folder. If you need transportation, please call your child’s teacher.

Comments: _________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Staff’s Signature: ____________________________

RESULT OF MEDICAL VISIT  
(For Doctor To Complete)

_____________________________ was seen on _____________________
Child’s Name                           Date

in my office for medical follow up services.

Services received: ________________________________

Follow up completed:  Yes □ No □  If not, next appointment date: ________________

________________________________________
Provider’s Signature

MDCS (7/03)            HS-87