2025 Farmworker Outreach Health Assessment - Peds (0-11) | ORW: | Date:

Optional

FHASES ID: _____ **Cohort:**_____ **Employer:** _____

Privacy

My signature indicates that I understand that my child's privacy will be protected within this farmworker health network except in the following circumstancs: if harm is suspected of a minor, elderly, or disabled person.

Signature of parent or legal guardian: _____

Demographics

Name (first, last): _____ **Birth date**: ____/__/_____ □ Est.
mm/dd/yyyy

Preferred language: Span/ Engl/ Other: _____

Do you need an interpreter? Yes/ No

Worker type: Migrant (□ H2A? □ H2B?))/ Seasonal/ Other

(*If migrant*) **Estimated departure date**: _____

Parent or legal guardian: _____

Is your child of Hispanic, Latino, or Spanish origin? *Mark all that apply.*

□ Yes, Mexican, Mexican Am., Chicano □ Yes, Puerto Rican □ Yes, Cuban
□ Yes, another Hispanic, Latino, or Spanish origin □ No, not of Hispanic, Latino, or Spanish origin □ Decline to answer

What is your child's race? *Mark all that apply.*

□ White	□ Vietnamese	□ Korean	□ American Indian or Alaska Native
□ Black or African Am.	□ Filipino	□ Samoan	□ Native Hawaiian
□ Some other race	□ Chamorro	□ Japonese	□ Asian Indian
□ Decline to annswer	□ Chinese	□ Other Asian	□ Other Pacific Islander

What is your child's current gender identity? Man/ Woman/ Transgender man/ Transgender woman/ Other/ Decline to answer

What sex was your child assigned at birth? Male/ Female

Housing: Own/ Rent/ Grower-provided/ Homeless

Address: _____ **City**: _____

State: _____ **Zip code**: _____ **County**: _____

Health insurance: None / Medicaid / Medicare / Health Choice / Private **Family income** ($ amount): _____

Amount is per: week / 2 weeks/ month / year **# months worked** ____ **# family members**: _____

Communication

How can we communicate with you? *Ask parent to initial next to each below if OK.*

Cell number: _____ Parent/guardian full name: _____

_____ It's ok to leave a message.
_____ It's ok to leave a voicemail.
_____ It's ok to send a text message (SMS) even though total privacy is not guaranteed.
_____ It's ok to send a WhatsApp message even though total privacy is not guaranteed.
_____ OK to send a message through WhatsApp even though it may not be completely private.
WhatsApp number (if different): _____

Which communication method do you prefer? *Mark preference.*

COVID-19

Do you have any questions about COVID-19? □ Yes □ No

Health ed:	☐ Provided	☐ Follow up		
Vaccine :	☐ Provided	☐ Referral	☐ Follow up	☐ Declined
Testing :	☐ Provided	☐ Referral	☐ Follow up	☐ Declined

Gov't Services

If 0-5, enrolled in WIC? No/ Yes

Enrolled in Migrant Head Start? No/ Yes/ None available

If 5-12, enrolled in school? No/ Yes

Referral: ☐ Provided ☐ Follow up ☐ Declined

General Health

Do you have any concerns about your child's health? No/ Yes: _____

(If yes) **How can I help you with this concern?** _____

Has your child been diagnosed with any medical conditions? No/ Yes: _____

Is your child taking (or should they be taking) any medications? No/ Yes: _____

General Health cont.	**Has your child had a physical exam, during which vaccines were administered...No/Yes** *(For children <1 years old)* ...**in the last 3 months?** *(For children 1 to 2 years old)* ...**in the last 6 months?** *Offer referral if not up-to-date* *(For children >2 years old)* ...**in the last 12 months?** **Referral**: ☐ Provided ☐ Follow up ☐ Declined *Diabetes, HIV, TB or other chronic condition, consider MCN*
Dental	**Has your child had a dental appointment in the last 12 months (if 6 months or older)? No/ Yes** *Offer referral to dentist if "no".* **Has your child received dental sealants?** (plastic coatings that are applied to the surfaces of the teeth to prevent cavities) **No/ Yes** *Offer referral to dentist if "no".* **Referral**: ☐ Provided ☐ Follow up ☐ Declined
Safety	*For children 0 to 4 years old:* **Does your child use a car seat when riding in the car? No/ Yes** *For children 5 to 8 years old:* **Does your child use a booster seat when riding in the car? No/ Yes** *For children 9 to 11 years old:* **Does your child wear a seat belt when riding in the car? No/ Yes** **Referral:** ☐ Provided ☐ Follow up ☐ Declined **Health ed**: ☐ Provided ☐ Follow up
CM	**Do you have any other questions or concerns? No/ Yes:** _____ **Referral**: ☐ Provided ☐ Follow up ☐ Declined
Addtl. Health Ed	**What health topics would you like more information about?** *Circle those desired and check off if provided.* □ Car seats □ Nutrition □ Other:_____ □ Seat belts □ Weight □ Dental health □ COVID-19
Notes	