

INFANT RISK SCREEN

Use ink. Be certain to check the appropriate boxes at the top of the birth certificate.

Pursuant to § 383.14(1)(b) and 383.011(1)(e), F.S., this form must be completed for each infant and submitted to the local County Health Department, Office of Vital Statistics.

	Mother's Name:	First	Last	Maiden	
		Mother's Date of	of Birth		
	L				
INFANT	Infant's Name:	First	Last	Infant's Date of Birth Boy	Girl
Name of I	nfant's Doctor/ HMO o	r Group:	Name of birth h	ospital/facility:	
			r name of facility transferred to:	ospital facility.	- 515
			or more than 24 hours? \square No \square Yes	□ Unknown	
		\$1.00 to 100 to	000 000		
Yes	No (pleas		ested in having my infant screened for ri year of life.	sks that could affect his/her health or development	t
Yes	No (pleas	se initial). If my infar	nt is referred, Healthy Start may contact i	me	
<					
	I can be reached at (hom	c phone):	or (work o	or contact phone):	
i	o				
	Street Address:	(Give either street a	ddress with bldg.#, apt.# or lot# or dire	ections to hahy's home)	
4				etions to baby a nome,	
	Mailing Address:		#6 P66 . 6		
Ś.			(if different from street address)		
Yes	No (pleas	se initial) By initialing	g yes, I am giving my written permission	on behalf of my infant for release of the confident	ial
information	on this form and any inf	formation provided di	ring his/her evaluation for service by H	ealthy Start to Healthy Start care coordination prov	iders,
Healthy Star	rt Coalitions, Healthy Par	milies Florida, WIC, as	nd my health care providers for the folio	wing purposes: care coordination, payment of claim edical, mental health, alcohol/drug abuse, sexually	as for
transmitted	disease, tuberculosis, HI	V/AIDS. and adult or	child abuse information. This authoriza	edical, mental health, alcohol/drug abuse, sexually ation shall remain in effect unless withdrawn in wri	ting.
D I		id 14. Tõõtta tii esta talenta istaa kasta k	THE THE TOTAL PROPERTY OF THE		- 0
Signature of parent or guardian					
	nature of parent or guar	rdian		Date (mo/day/yr)	_
			ha Birth Cartificate Write the point(c) on		-
	Item numbers correspon	nd to the numbers on t		the appropriate lines, and add for the total score.	
Item 54	Item numbers correspon	nd to the numbers on to	or more of the following: Assisted Venti	the appropriate lines, and add for the total score. lation (30 min. or more), Assisted Ventilation	
Item 54	Item numbers correspon	nd to the numbers on to onditions include one of CU admission, newbo	or more of the following: Assisted Venti	the appropriate lines, and add for the total score.	_
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