## **Test and Exam Record**

You can keep track of tests or exams your child has by using the chart below.

Type of Test or Exam	Enter Date/Age, Results and Other Information							
Newborn Screening (p. 9) Schedule: Before 7 days old	Date/Age							
Vision Test (p. 12) Schedule: First test before	Date/Age 5 years old*							
Hearing Test (p. 12) Schedule: *	Date/Age							
Lead Test (p. 13) Schedule: First test by 1-2 y	Date/Age years old*							
Tuberculosis Skin Test (p. 14) Schedule: If needed.*	Date/Age							
Dental Visit (p. 21) Schedule: *	Date/Age							

 $<sup>\</sup>ensuremath{^{*}}$  Discuss your child's specific needs with his or her doctor or nurse.