

Bright Futures Medical Screening Reference Table

12 Month Visit



Universal Screening	Action
Anemia	Hematocrit or hemoglobin
Lead (high prevalence area or insured by Medicaid)	Lead blood test
Oral Health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months.

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Blood Pressure	<ul style="list-style-type: none"> History of prematurity, very low birth weight, or other neonatal complication requiring intensive care Congenital heart disease (repaired or non-repaired) Recurrent urinary tract infections, hematuria, or proteinuria Known kidney disease or urological malformations Family history of congenital kidney disease Solid-organ transplant Malignancy or bone marrow transplant Treatment with drugs known to raise blood pressure Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) Evidence of increased elevated intracranial pressure 	<i>Children with specific risk conditions or change in risk</i>	Blood pressure measurement
Hearing	<ul style="list-style-type: none"> Caregiver concern^c regarding hearing, speech, language, or developmental delay. Family history^c of permanent childhood hearing loss. Neonatal intensive care of >5 days or any of the following regardless of length of stay: extracorporeal membrane oxygenation, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion. In utero infections such as cytomegalovirus,^c herpes, rubella, syphilis, and toxoplasmosis. Craniofacial anomalies, including those involving the pinna, those involving the ear canal, ear tags, ear pits, and temporal bone anomalies. Physical findings, such as white forelock, associated with a syndrome known to include a sensorineural or permanent conductive hearing loss. Syndromes associated with hearing loss or progressive or late-onset hearing loss,^c such as neurofibromatosis, osteopetrosis, and Usher syndrome. Other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson. Neurodegenerative disorders,^c such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth disease. Culture-positive postnatal infections associated with sensorineural hearing loss,^c including confirmed bacterial and viral (especially herpesvirus and varicella-zoster virus) meningitis. Head trauma, especially basal skull or temporal bone fracture^c requiring hospitalization. Chemotherapy.^c 	<ul style="list-style-type: none"> Do you have concerns about how your child hears? Do you have concerns about how your child speaks? 	Referral for diagnostic audiologic assessment

Bright Futures Medical Screening Reference Table 12 Month Visit



Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Lead (low prevalence area and not insured by Medicaid)	<p>Local health care professionals should work with state, county, or local health authorities to develop sensitive, customized questions appropriate to the housing and hazards encountered locally.</p> <p>The Centers for Disease Control and Prevention recommends blood lead testing for all refugee children who are 6 months to 16 years of age upon entering the United States. Repeated blood lead level testing of all refugee children who are 6 months to 6 years of age 3 to 6 months after they are placed in permanent residences should be considered a “medical necessity,” regardless of initial test results.</p>	<ul style="list-style-type: none"> Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months? 	Lead blood test
Oral Health	Referral to a dental home by the primary care physician or health care professional has been recommended, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age.	<ul style="list-style-type: none"> Does your child have a dentist? 	Referral to dental home or, if not available, oral health risk assessment
	<p>The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride.</p> <p>Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first.</p>	<ul style="list-style-type: none"> Does your child's primary water source contain fluoride? 	Oral fluoride supplementation
Tuberculosis	<p>Children who should have an annual tuberculosis test</p> <ul style="list-style-type: none"> Children infected with human immunodeficiency virus (HIV) 	<ul style="list-style-type: none"> Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)? Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result? Is your child infected with HIV? 	Tuberculosis test
Vision	<ul style="list-style-type: none"> Parental concern. Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored. 	<ul style="list-style-type: none"> Do you have concerns about how your child sees? Do your child's eyes appear unusual or seem to cross? Do your child's eyelids droop or does one eyelid tend to close? Have your child's eyes ever been injured? 	Ophthalmology referral

^a The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

^b Based on risk factors noted in *italics* or on the risk assessment questions listed here.

^c Risk indicators that are of greater concern for delayed-onset hearing loss.

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Bright Futures Medical Screening Reference Table

15 Month Visit



Universal Screening	Action
Oral Health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months.

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> At risk of iron deficiency because of special health needs Low-iron diet (eg, nonmeat diet) Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? 	Hematocrit or hemoglobin
Blood Pressure	<ul style="list-style-type: none"> History of prematurity, very low birth weight, or other neonatal complication requiring intensive care Congenital heart disease (repaired or non-repaired) Recurrent urinary tract infections, hematuria, or proteinuria Known kidney disease or urological malformations Family history of congenital kidney disease Solid-organ transplant Malignancy or bone marrow transplant Treatment with drugs known to raise blood pressure Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) Evidence of increased elevated intracranial pressure 	<i>Children with specific risk conditions or change in risk</i>	Blood pressure measurement
Hearing	<ul style="list-style-type: none"> Caregiver concern^c regarding hearing, speech, language, or developmental delay. Family history^c of permanent childhood hearing loss. Neonatal intensive care of >5 days or any of the following regardless of length of stay: extracorporeal membrane oxygenation, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion. In utero infections such as cytomegalovirus,^c herpes, rubella, syphilis, and toxoplasmosis. Craniofacial anomalies, including those involving the pinna, those involving the ear canal, ear tags, ear pits, and temporal bone anomalies. Physical findings, such as white forelock, associated with a syndrome known to include a sensorineural or permanent conductive hearing loss. Syndromes associated with hearing loss or progressive or late-onset hearing loss,^c such as neurofibromatosis, osteopetrosis, and Usher syndrome. Other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson. Neurodegenerative disorders,^c such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth disease. Culture-positive postnatal infections associated with sensorineural hearing loss,^c including confirmed bacterial and viral (especially herpesvirus and varicella-zoster virus) meningitis. Head trauma, especially basal skull or temporal bone fracture^c requiring hospitalization. Chemotherapy.^c 	<ul style="list-style-type: none"> Do you have concerns about how your child hears? Do you have concerns about how your child speaks? 	Referral for diagnostic audiologic assessment

Bright Futures Medical Screening Reference Table

15 Month Visit

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Vision	<ul style="list-style-type: none"> • Parental concern. • Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored. 	<ul style="list-style-type: none"> • Do you have concerns about how your child sees? • Do your child's eyes appear unusual or seem to cross? • Do your child's eyelids droop or does one eyelid tend to close? • Have your child's eyes ever been injured? 	Ophthalmology referral

^a The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

^b Based on risk factors noted in *italics* or on the risk assessment questions listed here.

^c Risk indicators that are of greater concern for delayed-onset hearing loss.

Bright Futures Medical Screening Reference Table

18 Month Visit



Universal Screening	Action
Autism	Autism spectrum disorder screen
Development	Developmental screen
Oral Health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months.

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> At risk of iron deficiency because of special health needs Low-iron diet (eg, nonmeat diet) Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? 	Hematocrit or hemoglobin
Blood Pressure	<ul style="list-style-type: none"> History of prematurity, very low birth weight, or other neonatal complication requiring intensive care Congenital heart disease (repaired or non-repaired) Recurrent urinary tract infections, hematuria, or proteinuria Known kidney disease or urological malformations Family history of congenital kidney disease Solid-organ transplant Malignancy or bone marrow transplant Treatment with drugs known to raise blood pressure Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) Evidence of increased elevated intracranial pressure 	<i>Children with specific risk conditions or change in risk</i>	Blood pressure measurement
Hearing	<ul style="list-style-type: none"> Caregiver concern^c regarding hearing, speech, language, or developmental delay. Family history^c of permanent childhood hearing loss. Neonatal intensive care of >5 days or any of the following regardless of length of stay: extracorporeal membrane oxygenation, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion. In utero infections such as cytomegalovirus,^c herpes, rubella, syphilis, and toxoplasmosis. Craniofacial anomalies, including those involving the pinna, those involving the ear canal, ear tags, ear pits, and temporal bone anomalies. Physical findings, such as white forelock, associated with a syndrome known to include a sensorineural or permanent conductive hearing loss. Syndromes associated with hearing loss or progressive or late-onset hearing loss,^c such as neurofibromatosis, osteopetrosis, and Usher syndrome. Other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson. Neurodegenerative disorders,^c such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth disease. Culture-positive postnatal infections associated with sensorineural hearing loss,^c including confirmed bacterial and viral (especially herpesvirus and varicella-zoster virus) meningitis. Head trauma, especially basal skull or temporal bone fracture^c requiring hospitalization. Chemotherapy.^c 	<ul style="list-style-type: none"> Do you have concerns about how your child hears? Do you have concerns about how your child speaks? 	Referral for diagnostic audiologic assessment

Bright Futures Medical Screening Reference Table

18 Month Visit

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Lead (low prevalence area and not insured by Medicaid)	Local health care professionals should work with state, county, or local health authorities to develop sensitive, customized questions appropriate to the housing and hazards encountered locally. The Centers for Disease Control and Prevention recommends blood lead testing for all refugee children who are 6 months to 16 years of age upon entering the United States. Repeated blood lead level testing of all refugee children who are 6 months to 6 years of age 3 to 6 months after they are placed in permanent residences should be considered a "medical necessity," regardless of initial test results.	<ul style="list-style-type: none"> Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months? 	Lead blood test
Oral Health	Referral to a dental home by the primary care physician or health care professional has been recommended, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age.	<ul style="list-style-type: none"> Does your child have a dentist? 	Referral to dental home or, if not available, oral health risk assessment
	The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride. Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first.	<ul style="list-style-type: none"> Does your child's primary water source contain fluoride? 	Oral fluoride supplementation
Vision	<ul style="list-style-type: none"> Parental concern. Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored. 	<ul style="list-style-type: none"> Do you have concerns about how your child sees? Do your child's eyes appear unusual or seem to cross? Do your child's eyelids droop or does one eyelid tend to close? Have your child's eyes ever been injured? 	Ophthalmology referral

^a The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

^b Based on risk factors noted in *italics* or on the risk assessment questions listed here.

^c Risk indicators that are of greater concern for delayed-onset hearing loss.

Bright Futures Medical Screening Reference Table

2 Year Visit



Universal Screening	Action
Autism	Autism spectrum disorder screen
Lead (high prevalence area or insured by Medicaid)	Lead blood test
Oral Health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months.

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> At risk of iron deficiency because of special health needs Low-iron diet (eg, nonmeat diet) Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? 	Hematocrit or hemoglobin
Blood Pressure	<ul style="list-style-type: none"> History of prematurity, very low birth weight, or other neonatal complication requiring intensive care Congenital heart disease (repaired or non-repaired) Recurrent urinary tract infections, hematuria, or proteinuria Known kidney disease or urological malformations Family history of congenital kidney disease Solid-organ transplant Malignancy or bone marrow transplant Treatment with drugs known to raise blood pressure Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) Evidence of increased elevated intracranial pressure 	<i>Children with specific risk conditions or change in risk</i>	Blood pressure measurement
Dyslipidemia	<ul style="list-style-type: none"> Parent, grandparent, aunt or uncle, or sibling with myocardial infarction; angina; stroke; or coronary artery bypass graft/stent/angioplasty at <55 years in males and <65 years in females. Parent with total cholesterol level ≥ 240 mg/dL or known dyslipidemia. Patient has diabetes, hypertension, or body mass index ≥ 95th percentile. Patient has a moderate- or high-risk medical condition. 	<ul style="list-style-type: none"> Does your child have parents, grandparents, or aunts or uncles who have had a stroke or heart problem before age 55 (male) or 65 (female)? Does your child have a parent with elevated blood cholesterol level (≥ 240 mg/dL) or who is taking cholesterol medication? 	Lipid profile

Bright Futures Medical Screening Reference Table

2 Year Visit



Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Hearing	<ul style="list-style-type: none"> Caregiver concern^c regarding hearing, speech, language, or developmental delay. Family history^c of permanent childhood hearing loss. Neonatal intensive care of >5 days or any of the following regardless of length of stay: extracorporeal membrane oxygenation, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion. In utero infections such as cytomegalovirus,^c herpes, rubella, syphilis, and toxoplasmosis. Craniofacial anomalies, including those involving the pinna, those involving the ear canal, ear tags, ear pits, and temporal bone anomalies. Physical findings, such as white forelock, associated with a syndrome known to include a sensorineural or permanent conductive hearing loss. Syndromes associated with hearing loss or progressive or late-onset hearing loss,^c such as neurofibromatosis, osteopetrosis, and Usher syndrome. Other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson. Neurodegenerative disorders,^c such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth disease. Culture-positive postnatal infections associated with sensorineural hearing loss,^c including confirmed bacterial and viral (especially herpesvirus and varicella-zoster virus) meningitis. Head trauma, especially basal skull or temporal bone fracture^c requiring hospitalization. Chemotherapy.^c 	<ul style="list-style-type: none"> Do you have concerns about how your child hears? Do you have concerns about how your child speaks? 	Referral for diagnostic audiologic assessment
Lead (low prevalence area and not insured by Medicaid)	<p>Local health care professionals should work with state, county, or local health authorities to develop sensitive, customized questions appropriate to the housing and hazards encountered locally.</p> <p>The Centers for Disease Control and Prevention recommends blood lead testing for all refugee children who are 6 months to 16 years of age upon entering the United States. Repeated blood lead level testing of all refugee children who are 6 months to 6 years of age 3 to 6 months after they are placed in permanent residences should be considered a “medical necessity,” regardless of initial test results.</p>	<ul style="list-style-type: none"> Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months? 	Lead blood test
Oral Health	<p>Referral to a dental home by the primary care physician or health care professional has been recommended, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age.</p> <p>The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride. Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first.</p>	<ul style="list-style-type: none"> Does your child have a dentist? Does your child’s primary water source contain fluoride? 	<p>Referral to dental home or, if not available, oral health risk assessment</p> <p>Oral fluoride supplementation</p>

Bright Futures Medical Screening Reference Table

2 Year Visit

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Tuberculosis	Children who should have an annual tuberculosis test <ul style="list-style-type: none"> Children infected with human immunodeficiency virus (HIV) 	<ul style="list-style-type: none"> Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)? Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result? Is your child infected with HIV? 	Tuberculosis test
Vision	<ul style="list-style-type: none"> Parental concern. Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored. 	<ul style="list-style-type: none"> Do you have concerns about how your child sees? Do your child's eyes appear unusual or seem to cross? Do your child's eyelids droop or does one eyelid tend to close? Have your child's eyes ever been injured? 	Ophthalmology referral

^a The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

^b Based on risk factors noted in *italics* or on the risk assessment questions listed here.

^c Risk indicators that are of greater concern for delayed-onset hearing loss.

Bright Futures Medical Screening Reference Table

2½ Year Visit



Universal Screening	Action
Development	Developmental screen
Oral Health (in the absence of a dental home)	Apply fluoride varnish after first tooth eruption and every 6 months.

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> At risk of iron deficiency because of special health needs Low-iron diet (eg, nonmeat diet) Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? 	Hematocrit or hemoglobin
Blood Pressure	<ul style="list-style-type: none"> History of prematurity, very low birth weight, or other neonatal complication requiring intensive care Congenital heart disease (repaired or non-repaired) Recurrent urinary tract infections, hematuria, or proteinuria Known kidney disease or urological malformations Family history of congenital kidney disease Solid-organ transplant Malignancy or bone marrow transplant Treatment with drugs known to raise blood pressure Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis) Evidence of increased elevated intracranial pressure 	<i>Children with specific risk conditions or change in risk</i>	Blood pressure measurement
Hearing	<ul style="list-style-type: none"> Caregiver concern^c regarding hearing, speech, language, or developmental delay. Family history^c of permanent childhood hearing loss. Neonatal intensive care of >5 days or any of the following regardless of length of stay: extracorporeal membrane oxygenation, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion. In utero infections such as cytomegalovirus,^c herpes, rubella, syphilis, and toxoplasmosis. Craniofacial anomalies, including those involving the pinna, those involving the ear canal, ear tags, ear pits, and temporal bone anomalies. Physical findings, such as white forelock, associated with a syndrome known to include a sensorineural or permanent conductive hearing loss. Syndromes associated with hearing loss or progressive or late-onset hearing loss,^c such as neurofibromatosis, osteopetrosis, and Usher syndrome. Other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson. Neurodegenerative disorders,^c such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth disease. Culture-positive postnatal infections associated with sensorineural hearing loss,^c including confirmed bacterial and viral (especially herpesvirus and varicella-zoster virus) meningitis. Head trauma, especially basal skull or temporal bone fracture^c requiring hospitalization. Chemotherapy.^c 	<ul style="list-style-type: none"> Do you have concerns about how your child hears? Do you have concerns about how your child speaks? 	Referral for diagnostic audiologic assessment

Bright Futures Medical Screening Reference Table

2½ Year Visit



Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Oral Health	Referral to a dental home by the primary care physician or health care professional has been recommended, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age.	<ul style="list-style-type: none"> Does your child have a dentist? 	Referral to dental home or, if not available, oral health risk assessment
	<p>The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride.</p> <p>Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first.</p>	<ul style="list-style-type: none"> Does your child's primary water source contain fluoride? 	Oral fluoride supplementation
Vision	<ul style="list-style-type: none"> Parental concern. Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored. 	<ul style="list-style-type: none"> Do you have concerns about how your child sees? Does your child have trouble with near or far vision? Do your child's eyes appear unusual or seem to cross? Do your child's eyelids droop or does one eyelid tend to close? Have your child's eyes ever been injured? 	Ophthalmology referral

^a The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

^b Based on risk factors noted in *italics* or on the risk assessment questions listed here.

^c Risk indicators that are of greater concern for delayed-onset hearing loss.

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Bright Futures Medical Screening Reference Table

3 Year Visit



Universal Screening	Action
Oral Health (in the absence of a dental home)	Apply fluoride varnish every 6 months.
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols. Instrument-based measurement may be used for children who are unable to perform acuity testing.

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> At risk of iron deficiency because of special health needs Low-iron diet (eg, nonmeat diet) Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? 	Hematocrit or hemoglobin
Hearing	Parental concern	<ul style="list-style-type: none"> Do you have concerns about how your child hears? Do you have concerns about how your child speaks? 	Referral for diagnostic audiologic assessment
Lead	<p>Local health care professionals should work with state, county, or local health authorities to develop sensitive, customized questions appropriate to the housing and hazards encountered locally.</p> <p>The Centers for Disease Control and Prevention recommends blood lead testing for all refugee children who are 6 months to 16 years of age upon entering the United States. Repeated blood lead level testing of all refugee children who are 6 months to 6 years of age 3 to 6 months after they are placed in permanent residences should be considered a "medical necessity," regardless of initial test results.</p>	<p><i>If no previous screen or a change in risk</i></p> <ul style="list-style-type: none"> Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months? 	Lead blood test
Oral Health	Referral to a dental home by the primary care physician or health care professional has been recommended, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age.	<ul style="list-style-type: none"> Does your child have a dentist? 	Referral to dental home or, if not available, oral health risk assessment
	<p>The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride.</p> <p>Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first.</p>	<ul style="list-style-type: none"> Does your child's primary water source contain fluoride? 	Oral fluoride supplementation

Bright Futures Medical Screening Reference Table

3 Year Visit



Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Tuberculosis	<p>Children who should have an annual tuberculosis test</p> <ul style="list-style-type: none"> Children infected with human immunodeficiency virus (HIV) 	<ul style="list-style-type: none"> Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)? Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result? Is your child infected with HIV? 	Tuberculosis test

^a The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

^b Based on risk factors noted in *italics* or on the risk assessment questions listed here.

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Bright Futures Medical Screening Reference Table

4 Year Visit



Universal Screening	Action
Hearing	Audiometry
Oral Health (in the absence of a dental home)	Apply fluoride varnish every 6 months.
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols. Instrument-based measurement may be used for children who are unable to perform acuity testing.

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> At risk of iron deficiency because of special health needs Low-iron diet (eg, nonmeat diet) Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? 	Hematocrit or hemoglobin
Dyslipidemia	<ul style="list-style-type: none"> Parent, grandparent, aunt or uncle, or sibling with myocardial infarction; angina; stroke; or coronary artery bypass graft/stent/angioplasty at <55 years in males and <65 years in females. Parent with total cholesterol level ≥ 240 mg/dL or known dyslipidemia. Patient has diabetes, hypertension, or body mass index ≥ 95th percentile. Patient has a moderate- or high-risk medical condition. 	<ul style="list-style-type: none"> Does your child have parents, grandparents, or aunts or uncles who have had a stroke or heart problem before age 55 (male) or 65 (female)? Does your child have a parent with elevated blood cholesterol level (≥ 240 mg/dL) or who is taking cholesterol medication? 	Lipid profile
Lead	<p>Local health care professionals should work with state, county, or local health authorities to develop sensitive, customized questions appropriate to the housing and hazards encountered locally.</p> <p>The Centers for Disease Control and Prevention recommends blood lead testing for all refugee children who are 6 months to 16 years of age upon entering the United States. Repeated blood lead level testing of all refugee children who are 6 months to 6 years of age 3 to 6 months after they are placed in permanent residences should be considered a "medical necessity," regardless of initial test results.</p>	<p><i>If no previous screen or a change in risk</i></p> <ul style="list-style-type: none"> Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1960 that is in poor repair or was renovated in the past 6 months? 	Lead blood test

Bright Futures Medical Screening Reference Table

4 Year Visit



Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Oral Health	Referral to a dental home by the primary care physician or health care professional has been recommended, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age.	<ul style="list-style-type: none"> Does your child have a dentist? 	Referral to dental home or, if not available, oral health risk assessment
	<p>The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride.</p> <p>Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first.</p>	<ul style="list-style-type: none"> Does your child's primary water source contain fluoride? 	Oral fluoride supplementation
Tuberculosis	<p>Children who should have an annual tuberculosis test</p> <ul style="list-style-type: none"> Children infected with human immunodeficiency virus (HIV) 	<ul style="list-style-type: none"> Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)? Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result? Is your child infected with HIV? 	Tuberculosis test

^a The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

^b Based on risk factors noted in *italics* or on the risk assessment questions listed here.

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