

Bright Futures Medical Screening Reference Table

5 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
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

5 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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Bright Futures Medical Screening Reference Table

6 Year Visit



Universal Screening	Action
Hearing	Audiometry
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

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. 	<p><i>Not previously screened with normal results</i></p> <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

6 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

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Bright Futures Medical Screening Reference Table

7 Year Visit



Universal Screening	Action
None	None

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> Children who consume a strict vegetarian diet and are not receiving an iron supplement Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Does your child eat a vegetarian diet (does not eat red meat, chicken, fish, or seafood)? <ul style="list-style-type: none"> > If your child is a vegetarian (does not eat red meat, chicken, fish, or seafood), does your child take an iron supplement? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? Do you ever struggle to put food on the table? 	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? 	Audiometry
Oral Health	<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? Has your child ever failed a school vision screening test? Does your child tend to squint? 	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

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Bright Futures Medical Screening Reference Table

8 Year Visit



Universal Screening	Action
Hearing	Audiometry
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> Children who consume a strict vegetarian diet and are not receiving an iron supplement Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Does your child eat a vegetarian diet (does not eat red meat, chicken, fish, or seafood)? <ul style="list-style-type: none"> > If your child is a vegetarian (does not eat red meat, chicken, fish, or seafood), does your child take an iron supplement? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? Do you ever struggle to put food on the table? 	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 or smokes cigarettes. Patient has a moderate- or high-risk medical condition. 	<p><i>Not previously screened with normal results</i></p> <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
Oral Health	<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

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Bright Futures Medical Screening Reference Table

9 Year Visit



Universal Screening	Action
Dyslipidemia (once between the 9 Year and 11 Year Visits)	Lipid profile

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> Children who consume a strict vegetarian diet and are not receiving an iron supplement Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Does your child eat a vegetarian diet (does not eat red meat, chicken, fish, or seafood)? <ul style="list-style-type: none"> > If your child is a vegetarian (does not eat red meat, chicken, fish, or seafood), does your child take an iron supplement? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? Do you ever struggle to put food on the table? 	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? 	Audiometry
Oral Health	<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

9 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
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? Has your child ever failed a school vision screening test? Does your child tend to squint? 	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

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Bright Futures Medical Screening Reference Table

10 Year Visit



Universal Screening	Action
Dyslipidemia (once between the 9 Year and 11 Year Visits)	Lipid profile
Hearing	Audiometry
Vision	Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Selective Screening	Medical History Risk Factors ^a	Risk Assessment ^b	Action if Risk Assessment Is Positive
Anemia	<ul style="list-style-type: none"> Children who consume a strict vegetarian diet and are not receiving an iron supplement Environmental factors (eg, poverty, limited access to food) 	<ul style="list-style-type: none"> Does your child eat a vegetarian diet (does not eat red meat, chicken, fish, or seafood)? <ul style="list-style-type: none"> > If your child is a vegetarian (does not eat red meat, chicken, fish, or seafood), does your child take an iron supplement? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? Do you ever struggle to put food on the table? 	Hematocrit or hemoglobin
Oral Health	<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.

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