

**EAST MISSOURI ACTION AGENCY, INC.  
HEAD START**

**HEALTH SUPPLY REQUEST CHECKLIST**

Latex Gloves size small \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_\_

Toothbrushes \_\_\_\_\_

Aprons \_\_\_\_\_ Fanny packs \_\_\_\_\_

Cold packs \_\_\_\_\_ Alcohol preps \_\_\_\_\_ Band-aids \_\_\_\_\_

Emesis absorbent \_\_\_\_\_ Kleenex \_\_\_\_\_

Bio-enzyme deodorant \_\_\_\_\_

Antibacterial Hand Soap \_\_\_\_\_ Pump dispenser \_\_\_\_\_

Paper tape \_\_\_\_\_

Gauze Pads (2x2) \_\_\_\_\_ (4x4) \_\_\_\_\_

Please list any item below if not on the form (This will be items that are only replaced periodically. This may be things such as a new first aide kit or medicine lock box.)

**Centers will purchase hand lotion and hand sanitizer as needed.**

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_ Center \_\_\_\_\_

Site Manager Signature \_\_\_\_\_

Area Coordinator \_\_\_\_\_

Health Specialist \_\_\_\_\_

Order recieved \_\_\_\_\_

Order filled \_\_\_\_\_

**REQUESTS MUST BE IN CENTRAL OFFICE BY THE 25TH OF THE MONTH**