EAST MISSOURI ACTION AGENCY, INC.
HEAD START

HEALTH SUPPLY REQUEST CHECKLIST

Latex Gloves Size: (Please verify boxes or case)

Small: _____ B: ( ) C: ( ) Medium: _____ B: ( ) C: ( ) Large: _____ B: ( ) C: ( )

Toothbrushes: ______ box ______ individuals

Aprons: ________________ Fanny Packs: ________________

Cold packs: ________________ Alcohol Preps: ________________

Emesis absorbent: ________________ Bio-enzyme Deodorant: ________________

Wall Mount Hand Sanitizer: ______ Wall Mount Hand Sanitizer Refill: ______

Antibacterial hand soap: 1 Gal ______ 1 Gal Pump Dispenser ______

5 Gal ______ 5-Gal Pump Dispenser ______

Fogger Solution: __________ Gauze pads (2x2) ____________ (4x4) _____________

*Site Managers will purchase diapers, wipes, toothpaste, band aids, medical tape,
Kleenex

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 new first aide kit or medicine lock box).

Other______________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Requested by: ___________________________ Center: ________________________

Site Manager Signature: __________________________ Date: _________________

Health Specialist: __________________________

Order received: __________________________ Order filled: ____________________

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

Rev: 10/2022