



MEDICAL REPORT 2016-2017: TODDLER & CHILDREN'S HOUSE

Bottom portion must be filled out and signed by child's doctor.

Name of Child: _____ Birth Date: _____

Parent/Guardian Name: _____

A. Medical History (May be completed by parent):

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is child on any continuous medication? No ___ Yes ___ If yes, what? _____

If your child needs to take medication during school, please request a permission to administer medication form from the office.

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___

Diabetes? No ___ Yes ___

Convulsions? No ___ Yes ___

Heart trouble? No ___ Yes ___

If others, what and when? _____

6. Does child have any physical disabilities? No ___ Yes ___ If yes, please describe: _____

7. Does child have any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Parent/Guardian Signature _____ Date _____

Doctor's Physical Examination: This examination must be completed and signed by a licensed physician, his/her authorized agent currently approved by the N.C. Board of Medical Examiners, a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Returning students: Your child's exam/report must be no more than 1 year old.

Height _____

Weight _____

Head _____

Eyes _____

Ears _____

Nose _____

Teeth _____

Throat _____

Neck _____

Heart _____

Chest _____

Abd/GU _____

Ext _____

Neurological System _____

Skin _____

Results of Tuberculin Test, if given: Type _____ Date _____ Normal ___ Abnormal ___

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

→ Examiner/Title: Print and Sign _____

Office Phone # _____ → Date of Examination _____

**✓ PLEASE SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORD
IF NEW VACCINATIONS HAVE BEEN ADMINISTERED SINCE NOVEMBER 2015.**