

Children's Medical Report

Name of Child _____ Birth date _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

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 reasons _____

3. Is the child on any continuous medication? No ___ Yes ___

If yes, what? _____

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 any others, what/when _____

6. Does the child have any physical disabilities: No ___ Yes ___ if yes please describe: _____

Any mental disabilities? No ___ Yes ___ if yes please describe: _____

Signature of Parent or Guardian _____

B: Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from boarding states). A certified nurse practitioner, or a public health nurse meeting DEHNR for EPSDT program.

Head ___ Eyes ___ Ears ___ Nose ___ Teeth ___ Throat ___ Neck ___

Heart ___ Chest ___ 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: _____

Signature of authorized examiner/title _____

Date of examination _____ Phone # _____

(Continued on back)

C. Immunization History: The day care operator or health official must enter the date immunizations was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all day care facilities to have this information on file.

Enter date of each dose – Month/Day/Year

Vaccine	#1	#2	#3	#4	#5
*DPT/DT					
*Polio					
**Hib					
*MMR (combined dose)					
*Measles (single dose)					
*Mumps (single dose)					
Rubella (single dose)					
Other					

*Required by State Law

** Required by State Law for children born on or after 10/1/91.