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.