

NORTH RALEIGH UNITED METHODIST PRESCHOOL CHILDREN'S MEDICAL REPORT

Name of Child _____ Age _____ Birth date _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____
(street) (City) (state / zip)

MEDICAL HISTORY (to be completed by parent)

1. Previous hospitalization: Yes ___ No ___ If so, why? _____
2. Is child allergic to anything: Yes ___ No ___ If so, what? _____
3. Any previous diseases or illness: Yes ___ No ___ If so, what? _____
4. Any operations: Yes ___ No ___ If so, what? _____
5. Any physical handicaps: Yes ___ No ___ If so, please describe _____
6. Is child under the care of a doctor, other than for routine care? Yes ___ No ___ If so, for what reason: _____
7. Any history of developmental delay: Yes ___ No ___ Explain: _____
8. Any history of convulsions / seizures: Yes ___ No ___ Explain: _____
9. Any history of diabetes in the family: Yes ___ No ___
10. Any history of heart problems: Yes ___ No ___ Explain: _____
11. Is your child taking any medications, if so please explain: _____

Signature of parent or guardian _____ Date _____

Phone number to contact in case of emergency _____

PHYSICAL EXAMINATION

DATE OF MOST RECENT EXAM _____ This examination must be completed and signed by a licensed physician or his or her authorized agent who is currently approved by the NC Board of Medical Examiners

Weight: _____ % Height: _____ % HEENT: _____ Heart: _____
Lungs: _____ Abd: _____ GU: _____ Ext: _____ Skin: _____
Teeth: _____ Neuro: _____

Results of PPD if indicated: _____

Should activities be limited? _____

Recommendations _____

please print name of physician or authorized agent
(currently approved by the N.C. Board of Medical Examiners)

Signature of physician or agent

Date of review

office address

office Phone number

Vaccine	Date	Date	Date	Date	Date
DTaP/DTP					
Hib					
IPV/OPV					
Hep B					
MMR					
Varivax					
Other					

Immunization History: The day care operator must enter the date each immunization was received. G.S. 130-90(B) requires all day care facilities to have this information on file.