

Children's Medical Report

Name of Child _____ Birth date ____/____/____

Name of Parent / Guardian _____

Address of Parent / Guardian _____

1. Is the above child allergic to anything? YES NO If yes, what?? _____

2. Is the above child currently under a doctor's care? YES NO If yes, for what reason??

3. Is the above child on any continuous medication? YES NO If yes, what medication??

4. Has the above child had previous hospitalizations or operations? YES NO
 If yes, when and for what reason? _____

5. Any history of significant previous diseases or recurrent illness?? YES NO;
 diabetes?? YES NO; convulsions?? YES NO; heart trouble?? YES NO.
 If others, what and when? _____

6. Does the child have any physical disabilities?? YES NO If yes, please describe:

I certify that all of the above information is correct and will let Care-O-World Enrichment Center know immediately if anything changes about my child's health condition.

Signature of Parent / Guardian _____ Date ____/____/____

This section is to be filled out by the parent / guardian.

Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DENHR standards 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? YES NO If yes, explain: _____

Other recommendations: _____

Signature of authorized examiner and title _____ Date of exam ____/____/____

Address _____ Phone # (____)____-____

Immunization History:

We are also required to have an up-to-date copy of your child's immunization history. Please provide this to the center director.