

SOUTHEASTERN PRESCHOOL EDUCATIONAL CENTER

CHILDREN'S MEDICAL REPORT

Name of Child _____ Age _____ Birthdate _____
 Name of Parent or Guardian _____
 Address of Parent or Guardian _____
(Street) (City) (State)

A. MEDICAL HISTORY (May 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 care of a doctor: Yes _____ No _____ If so, for what reason? _____
7. Any history of mental retardation: Yes _____ No _____
8. Any history of convulsions: Yes _____ No _____
9. Any history of diabetes in family: Yes _____ No _____
10. Any history of heart trouble: Yes _____ No _____

(Parent's Signature)

B. PHYSICAL EXAMINATION: This examination must be completed and signed by a licensed physician or his or her authorized agent who is currently approved by N. C. Board of Medical Examiners.

Weight _____ Height _____ Heart _____
 Chest _____ Throat _____ Neck _____ Abdomen _____ GU _____ Ext. _____
 Neurological System _____
 Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____
 Results of Tuberculin Test, if given: _____
(Type) (Results)

Should activities be limited? _____
 Recommendations: _____

 (Signature of physician or authorized agent who is currently approved by the N. C. Board of Medical Examiners)

 Date of Examination

 Office Address

 Telephone Number

C. IMMUNIZATION HISTORY: Enter the date each immunization was received. G.S. 130-90 (B) requires all day care facilities to have this information on file. This section must be signed or stamped by Physician, or attach a copy of the original shot record.

DATE VACCINE	DATE	DATE	DATE	DATE
* DTP				
Td or Tetanus				
* Polio, oral				
* Rubeola (measles) ¹				
Mumps				
* Rubella (German measles)				

* Required by State law.
¹G.S. 130-87 (b) requires measles vaccine to be given on or after the first birthday.

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