

# Sonshine Learning Center

200 East New York Avenue  
Southern Pines, NC 28387

## Child Medical Report

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_  
Mailing Address of Parent or Guardian \_\_\_\_\_

### A. Medical History (may be completed by parent; **must be signed by parent and doctor**)

1. Previous hospitalization: Yes \_\_\_ No \_\_\_ If so, why? \_\_\_\_\_
2. Is child allergic to anything? Yes \_\_\_ No \_\_\_ If so, what? \_\_\_\_\_
3. Any previous diseases/illnesses? 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 special needs? 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/her authorized agent who is currently approved by the North Carolina Board of Medical Examiners.

Weight _____	Height _____	Heart _____	Chest _____
Throat _____	Neck _____	Abdomen _____	GU _____
Ext. _____	Neurological System _____	Teeth _____	Ears _____
Skin _____	Head _____	Eyes _____	

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 NC Board of Medical Examiners*

\_\_\_\_\_  
*Date of Exam*

**C. Immunization History:** Please attach a Certificate of Immunization to this form. The Certificate of Immunization must be a current computerized print out from your child's doctor's office. It is required that all children attending SLC must have all immunizations in accordance with G.S.130A-152.

*Please return this form to the Sonshine Learning Center Office by August 1, 2020.*