12/99

Children's Medical Report

Name of Child ______________________ Birthdate __________

Name of Parent or Guardian ______________________

Address of Parent of 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 reason? ______________________
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 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 ______________________ **Date** __________

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 bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height ________% Weight ________%

Head________ Eyes________ Ears________ Nose________ Teeth______

Throat________ Neck________ Heart________ Chest________ Abd/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: ______________________

______________________ Date of

______________________ Examination__________

Signature of authorized examiner/title ______________________ **Phone #** __________