Bethel Day Care

# CHILDREN'S MEDICAL REPORT

Name of Child _____ Age _____ Birthdate _____/_____/_____

Parent's Name _____

Parent's Address _____
(Street) (City) (State / Zip)

## MEDICAL HISTORY

(May be completed by parent)

1. Previous hospitalization: Yes _____ No _____ If yes, why? _____
2. Is child allergic to anything? Yes _____ No _____ If yes, what? _____
3. Any previous diseases or illness? Yes _____ No _____ If yes, what? _____
4. Any operations? Yes _____ No _____ If yes, what? _____
5. Any physical handicaps? Yes _____ No _____ If yes, please describe? _____
6. Is child under care of a doctor? Yes _____ No _____ If yes, for what reason? _____
7. Any history of retardation? Yes _____ No _____
8. Any history of convulsions? Yes _____ No _____
9. Any history of diabetes in the family? Yes _____ No _____
10. Any history of heart trouble? Yes _____ No _____

_____
Parent's Signature

## PHYSICAL EXAMINATION

(Must be completed and signed by examining physician)

Weight _____ Height _____ Heart _____ Chest _____ Throat _____ Neck _____
Abdomen _____ GU _____ Ext. _____ Teeth _____ Skin _____ Head _____
Eyes _____ Ears _____
Neurological System _____
Results of Tuberculin Test, if given _____
Type Results
Should activities be limited? _____ Recommendations? _____

## IMMUNIZATION HISTORY

(Enter date each immunization received)

| | | | | | |
|---|---|---|---|---|---|
| DTP* | 1_____ | 2_____ | 3_____ | 4_____ | 5_____ |
| Polio* | 1_____ | 2_____ | 3_____ | 4_____ | 5_____ |
| Measles* | 1_____ | 2_____ | | | |
| Rubella* | 1_____ | 2_____ | | | |
| Mumps* | 1_____ | 2_____ | | | |
| Hib* | 1_____ | 2_____ | 3_____ | 4_____ | |
| Hep. B* | 1_____ | 2_____ | 3_____ | | |
| Varicella* | 1_____ | or date of disease* _____ | | | |
| PCV-7 | 1_____ | 2_____ | 3_____ | 4_____ | |
| Hep. A | 1_____ | 2_____ | | | |

State law. G.S. 130A-155(b), requires all child care facilities to have this information on file.

* required by state law

Physician's Signature _____ Office Address _____

Date of Examination _____/_____/_____ Telephone Number (____)_____-_____