



MEDICAL ASSESSMENT REPORT



Name of Child: _____ Birth date: _____ Age: _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

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 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 doctor? Yes _____ No _____ If so, for what reason? _____
- 7. Any history of mental impairment? 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 or Guardian Signature Date

B. PHYSICIAN EXAMINATION: This examination must be completed and signed by a licensed physician or his or her authorized agent who is currently approved by the N.C. Board of Medical Examiners or any state contiguous to North Carolina.

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: G.S. 130-90(B) requires all day care facilities to have this information on file. Please enter the date each immunization was received.

VACCINE	DATE	DATE	DATE	DATE
*DTp, Dtap, DT				
Polio				
Hib				
Hepatitis B				
MMR (Measles, Mumps, Rubella)				
Varicella				

*State Law requires the following minimum doses: 5 DTP, DtaP, DT Doses (if 4th dose is after 4th birthday, 5th dose is not required), 4 Polio Vaccine doses (if 3rd dose is after 4th birthday, 4th dose is not required). 1 Hib dose (at least on/after 1st birthday and before 5 years of age. (Not required after age 5). 2 MMR doses (1st dose on/after 1st birthday).

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