Grace Church Preschool
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, **COMPLETE MEDICAL ACTION PLAN**
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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