



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, 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).

Rev 08/05