



Friendship Christian School Children's Medical Report

Name of Child _____ Birth date _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

A. Medical History

Is the child allergic to anything? No _____ Yes _____ If yes, what? _____

Is the child under a doctor's care? No _____ Yes _____ If yes, for what reason? _____

Is the child on any continuous medication? No _____ Yes _____ If yes, what? _____

Any previous hospitalizations or operations? No _____ Yes _____ If yes, when and for what? _____

Any history of significant previous disease or recurrent illness? No _____ Yes _____

Diabetes? No _____ Yes _____ Convulsions? No _____ Yes _____

Heart Trouble? No _____ Yes _____. If others, what/when? _____

Does the child have any physical disabilities? No _____ Yes _____ If yes, describe. _____

Any mental disabilities? No _____ Yes _____ If yes, describe. _____

Signature of Parent or Guardian _____

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 public health nurse meeting DEHNR standards for EPSDT program.

Height _____ Weight _____ Head _____ Eyes _____

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: _____

Signature of authorized examiner/title _____

Date of Examination _____ Phone # _____

Office Address: _____



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C. Immunization History: The day care operator or health official must enter the date immunizations were received in the space below, or attach a copy of the immunization record. G.S. 130A-155(b) requires all day care facilities to have this information on file.

Enter date of each dose – Month/Day/Year					
VACCINE	#1	#2	#3	#4	#5
DTaP, DTP, DT					
Polio					
Hib					
Hepatitis B					
MMR					
Measles					
Mumps					
Rubella					
Varicella					

Exemptions from the N.C. State Immunization Law require that a statement must be on file at school in student's permanent record. Exemptions must meet requirements of the law. Consult your local health department.

STATE LAW REQUIRES THE FOLLOWING MINIMUM DOSES:
 5DTaP, DTP, or DT doses (If 4th dose is after 4th birthday, 5th dose is not required; DT requires medical exemption.)
 4 POLIO VACCINE doses (If 3rd dose is after 4th birthday, 4th dose is not required.)
 1-4 Hib doses (Series Complete if at least 1 dose given on/after 15 months and before 5 years of age; not required after age 5.)
 3 Hep B doses (Children born on or after July 1, 1994 are required to have 3 doses.)
 2 Measles doses (at least 30 days apart; 1st dose on/after 12 months of age)
 1 Mumps dose (on/after 12 months of age)
 1 Rubella dose (on/after 12 months of age)
 1 Varicella dose (Children born on or after April 1, 2001 without documented history of disease)