

White Memorial Weekday School

Health Report and Medical Examination

Name of Child _____

Name of Parent(s) or Guardian(s) _____

A. Medical History (may be completed by parent)

1. Does child have allergies? Yes _____ No _____
If yes, please describe.

2. Is child currently under a doctor's care (other than well care)? Yes _____ No _____
If yes, for what reason?

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

4. Any history of significant diseases, injuries, or recurrent illnesses? Yes _____ No _____
If yes, please describe.

5. Does child have any physical disabilities? Yes _____ No _____
emotional disabilities? Yes _____ No _____
cognitive disabilities? Yes _____ No _____
If yes, please describe.

Signature of Parent or Guardian

Date

Please have doctor complete medical examination on back.

This form is due prior to the first day of school.

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 another state), or a certified nurse practitioner.

Height _____ Percentile _____

Weight _____ Percentile _____

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____

Abd/GU _____ Ext _____ Neurological System _____ Skin _____

Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ Date _____
Normal _____ Abnormal _____ Follow Up _____

Developmental Evaluation: Delayed _____ Age Appropriate _____
If delayed, note significance and special care needed:

Should activities be limited: Yes _____ No _____
If yes, please explain.

Are immunizations current? Yes _____ No _____

Please attach current immunization record. Immunizations must be current unless a medical exemption, signed by a doctor, has been submitted to our office.

Any other recommendations?

Date of Examination _____

Signature of Authorized Examiner/Title _____

Phone number _____