



***Please notify the school if any of the following information changes.
By State Law, we must have all immunization records within
30 days of enrollment or the student is subject to suspension.**

STUDENT MEDICAL REPORT

Student's Name _____ Birth date: _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

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

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

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

5. Any history of significant previous diseases or recurrent illnesses? No ___ Yes ___
Diabetes? No ___ Yes ___ Convulsions? No ___ Yes ___ ; Heart trouble? No ___ Yes ___
If others, what/when? _____
6. Does the child have any physical challenges? No ___ Yes ___ If yes, please describe: _____

7. Any mental challenges? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian: _____ Date: _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his/her authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ 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: (_____) _____



***Please notify the school if any of the following information changes.
By State Law, we must have all immunization records within
30 days of enrollment or the student is subject to suspension.**

IMMUNIZATION HISTORY

Student's Name _____ **Birth date:** _____

Enter the date an immunization was received in the space below or attach a copy of the immunization record.
(G.S. 130-A-152(a) requires immunizations for every child present in North Carolina. Schools are required to maintain records of this information on file.)

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
* DTP/DT (circle which)					
* Polio					
** Hib					
***Hepatitis B					
* MMR (combined doses)					
****Chicken Pox					
OTHER					
OTHER					

- * Required by State law.
- ** Required by State law for children born on or after 10/1/88.
- *** Required by State law for children born on or after 7/1/94.
- **** Required by State law for children born on or after 4/1/01.

Records Updated by:	Date Updated:

Parents: By State Law, we must have all immunization records within 30 days of enrollment or the student is subject to suspension