



*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: ()

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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