



4801 Six Forks Road, Raleigh, NC 27609, 919-787-1832

**Medical Forms**

**Must have updated medical form completed by September 30.**

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parents' Names: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Medical History (may be completed by parent)**

Previous hospitalization? Yes  No  If yes, reason: \_\_\_\_\_  
Allergies? Yes  No  If yes, details: \_\_\_\_\_  
Previous serious illness? Yes  No  If yes, details: \_\_\_\_\_  
Surgery? Yes  No  If yes, details: \_\_\_\_\_  
Physical handicaps? Yes  No  If yes, details: \_\_\_\_\_  
Under a doctor's care? Yes  No  If yes, details: \_\_\_\_\_  
History of convulsions? Yes  No  If yes, details: \_\_\_\_\_  
History of diabetes? Yes  No  If yes, details: \_\_\_\_\_  
History of heart disease? Yes  No  If yes, details: \_\_\_\_\_

**Physical Examination (must be completed by a Physician)**

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Heart: \_\_\_\_\_ Chest: \_\_\_\_\_ Throat: \_\_\_\_\_  
Neck: \_\_\_\_\_ GU: \_\_\_\_\_ Ext: \_\_\_\_\_ Neuro: \_\_\_\_\_ Teeth: \_\_\_\_\_  
Skin: \_\_\_\_\_ Head: \_\_\_\_\_ Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_  
Results of tuberculin test, if given: Type: \_\_\_\_\_ Results: \_\_\_\_\_  
Should any activities be limited? Yes  No  If yes, details: \_\_\_\_\_  
Other recommendations? \_\_\_\_\_

**Dates of Immunizations**

DPT\*: \_\_\_\_\_  
Polio\*: \_\_\_\_\_  
Measles<sup>A</sup>: \_\_\_\_\_  
Rubella: \_\_\_\_\_  
Mumps: \_\_\_\_\_

\* State Law, G.S. 130-87, requires three vaccinations by age one. <sup>A</sup>Vaccination by age two.

Physician's Signature: \_\_\_\_\_ Date of exam: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_