



Children's Medical Report and Immunizations

8501 Honeycutt Rd
Raleigh, NC 27615
(919) 870-6616

***This form does NOT need to be turned in with registration
However it must be completed by the beginning of the school year.
Immunization documentation and exam dates must be after 8/31/2025.***

Name of Child: _____ Age: _____ Child's Birthdate: _____

Name of Parent or Guardian: _____

Medical History: to be completed by parent or guardian

1. Is child allergic to anything? No _____ Yes _____ If yes, what? _____
2. Is 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 illness? No _____ Yes _____ diabetes? No _____ Yes _____ convulsions? No _____ Yes _____ heart trouble? No _____ Yes _____ asthma? No _____ Yes _____ other, what/when? _____

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

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

** Signature of Parent or Guardian _____ Date _____

Physical Examination

- Information listed below must be completed and signed by your child's physician.
A pediatrician well check form signed by the doctor can be submitted in lieu of this form.

Weight: _____ % _____ Height: _____ % _____ HEENT: _____ Heart: _____

Lungs: _____ Abd: _____ GU: _____ Ext: _____ Skin: _____

Teeth: _____ Neuro: _____

Results of PPD, if indicated: _____

Recommendations: _____

Print name of Physician or authorized agent

Signature of Physician or authorized agent

Date of Physical Exam
must be after 8/31/25

Office Address

Office Phone Number

Please attach a copy of your child's vaccination record