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 but completed by the beginning of the school year.
Immunization documentation and exam dates must be between 8/30/23 and 8/30/2024.

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 - **This examination must be completed and signed by a licensed physician or his/her authorized agent who is currently approved by the NC Board of Medical Examiners.**

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 between 8/30/23 and 8/30/2024

_____
Office Address
Office Phone Number

Immunization History: Please complete or attach a immunization print out from your doctor.

Vaccine	Date	Date	Date	Date	Date
DTaP/DTP					
Hib					
IPV					
Hep B					
Hep A					
MMR					
Virivax					
Other					