



**LIBERTY**  
**WEEKDAY PRESCHOOL**  
**STUDENT MEDICAL REPORT FORM**

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address of Parent or Guardian: Street: \_\_\_\_\_

City: \_\_\_\_\_, NC Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**A. Medical History:**

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 what for?

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_;  
Diabetes No \_\_\_ Yes \_\_\_; Convulsions No \_\_\_ Yes \_\_\_; Heart Trouble No \_\_\_ Yes \_\_\_?

If others, what/when?

6. Does the child have any physical disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe:

7. Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe:

**B. Medical Examination (To Be Completed By Physician):**

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

Head\_\_\_\_\_ Eyes\_\_\_\_\_ Ears\_\_\_\_\_ Nose\_\_\_\_\_ Teeth\_\_\_\_\_ Throat\_\_\_\_\_ Neck\_\_\_\_\_ Heart\_\_\_\_\_ Chest\_\_\_\_\_ 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 by physician:

**Signature of authorized examiner/title:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Office Address:**

**C. Immunization History:**

The daycare operator or health official must attach a copy of the immunization record. G.S. 130A-155(b) requires all day care facilities to have this information on file.