

Little Lambs Learning Center

A Weekday Preschool Ministry of Bay Leaf Baptist Church

September 1, 2021 – August 31, 2022



Little
Lambs
Learning Center

Children's Medical Report

Child's Name: (Last, First, MI): _____

Date of Birth: _____ Age: _____ Gender: _____

Parent/Legal Guardian Name(s): _____

Address: _____

Medical History

Is child allergic to anything? YES _____ NO _____

If yes, describe: _____

Is child currently under a doctor's care? YES _____ NO _____

If yes, for what reason? _____

Is child on any continuous medication? YES _____ NO _____

If yes, what? _____

Any previous hospitalizations /operations? YES _____ NO _____

If yes, when and for what? _____

Any history of significant illness (ex: diabetes, epilepsy, heart disease)? YES _____ NO _____

If yes, please explain: _____

Does the child have any physical disabilities? YES _____ NO _____

If yes, please describe: _____

Does the child have any mental disabilities? YES _____ NO _____

If yes, please describe: _____

Date: _____ Parent/Legal Guardian Signature: _____

Physical Examination:

This examination must be completed and signed by a licensed physician, his/her authorized agent currently approved by the NC 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? Yes _____ No _____

If yes, please explain: _____

Any other recommendations: _____

Signature of Authorized Examiner/Title: _____

Date of Examination: _____ Phone number: _____

Immunization History

The day care operator or health official must enter the date immunization was received in the space below or attach a copy of the immunization record.

G.S 130A-155(b) requires all day care facilities to have this information on file.

Please enter the date of each dose – MM/DD/YY

Vaccine	#1	#2	#3	#4	#5
*DTP/DT (Circle which)					
*Polio					
**HiB					
*MMR (combined doses)					
Measles (single dose)					
Mumps (single dose)					
Rubella (single dose)					
Hepatitis B					
Chicken Pox					

*Required by State Law

**Required by State Law for children born on or after 10/1/91