

LITTLE LAMBS LEARNING CENTER
CHILDREN'S MEDICAL REPORT

Name of Child _____ Birth date: _____

Name of Parent or Guardian: _____

Address of Parent or Guardian: _____

Medical History:

1. Is child allergic to anything? Yes No If yes, what?

2. Is child currently under a doctor's care? Yes No If yes, for what reason?

3. Is child on any continuous medication? Yes No If yes, what?

4. Any previous hospitalizations or operations? Yes No If yes, when and for what?

5. Any history of significant previous diseases or recurrent illness?

Yes No diabetes Yes No heart trouble

Yes No convulsions Yes No if others, what/when?

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

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

Signature of Parent or Guardian:

Physical Examination: This examination must be completed and signed by a licensed physician, his 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, explain: _____

Any other recommendations:

Signature of authorized examiner/title:

Date of examination: _____ Phone No.: _____

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.

Enter date of each dose - Month/Day/Year

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.