

Children's Physical Form

Name of Child:		Birthdate:					
Name of Parent or Guardian:							
Address of Parent or Guardian:							
A. Medical History (May be completed by parent):							
1. <u>Is child allergic to anything?</u> No Yes		If yes, what?					
2. <u>Is child currently under a doctor's care?</u> No Yes		If yes, for what reason?					
3. <u>Is child on any continuous medication?</u> No Yes		If yes, what?					
4. <u>Any previous hospitalizations or operations?</u> No Yes If yes, when and for what?							
5. <u>Any history of significant previous diseases or recurrent illness?</u> No Yes; <u>diabetes?</u> No Yes; <u>convulsions?</u> No Yes; <u>Heart Trouble?</u> No Yes; If others, what/when?							
6. <u>Does the child have any physical disabilities?</u> No Yes If yes, please describe:							
Signature of Parent or Guardian:		Date:					
B. Physical Examination: 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 bordering states), a certified nurse practitioner, or 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?	No	Yes	If yes, explain:				
Any other recommendations?					(Office Address)		
Signature of authorized examiner/title:							
Date of examination:		Phone #:					

C. 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. 130-A-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					
***Hepatitis B					
*MMR (combined doses)					
OTHER					

*Required by State law

**Required by State law for children born on or after 10/1/88.

***Required by State law for children born on or after 7/1/94.