Children's Medical Report

Traine of Child				Birthdate					
Name of Parent	or Guardian								
	ent of Guardian								
A. Medical Hist	ory (May be comple	ted by parent)	:1	<u></u>		<u> </u>			
	ic to anything? No_	5. VAI 011			**************************************				
. Is child currer	ntly under a doctor's o	care? No	Yes If yes,	for what reason?_		5			
. Is the child on	any continuous med	ication? No_	Yes If y	es, what?					
1. Any previous	previous hospitalizations or operations? NoYesIf yes, when and for what?								
diabetes No_	f significant previous _Yes; convulsio t/when?	ns NoYe	s; heart tro	uble NoYes_	<u> </u>				
5. Does the child	l have any physical d	isabilities: No	o Yes If	yes, please descri	be:				
	oilities? No Yes_				Date				
B. Physical Ex agent curre states), a ce	rent or Guardianamination: This examination by the ortified nurse practition.	mination must N. C. Board o	be completed a of Medical Exar ic health nurse	and signed by a lic	Date	, his authoriz			
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Immunization History

Name:	Date of Birth:						
Enter the date an immrecord. G.S. 130A-1:	nunization was 55(b) require	as received in the s	pace below or atta	ach a copy of the i	mmunization e.		
	En	ter date of each d	ose - Month/Day/	Year			
VACCINE	#1	#2	#3	#4	#5		
*DTP / DT (circle							
which) *Polio							
**Hib					WT 2011 11 20		
*Hepatitis B					3 11223		
*MMR					A CONTRACTOR		
combined doses)					有一种的一种的		
***Chicken Pox	Ŷ.	en in a Figure of the Figure and made of a straphical	A REAL PROPERTY OF THE PARTY OF		等。 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10		
OTHER							
OTHER							
*Required by state lav **Required by state lav ***Required by State lav	v, however the	e requirement for the born on or after 4/1/	e booster dose, #4, i 01.	s temporarily suspe	nded.		
Records Updated	d by:	. D	Date Updated:				
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5							
the state of the s			1				