

# CHILDREN'S HEALTH RECORD

Name of child \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address of parent/guardian \_\_\_\_\_  
(street) (city) (state) (zip)

## A. MEDICAL HISTORY

1. Previous hospitalization? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_
2. Is the child allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_
3. Any previous disease or illness? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_
4. Any operations? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_
5. Any physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, describe \_\_\_\_\_
6. Any history of mental disability? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Is child under care of a specialist? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, for what reason? \_\_\_\_\_
8. Any history of convulsions/seizures? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Any history of diabetes in the family? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature

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B. PHYSICAL EXAMINATION: This examination must be completed and SIGNED by a licensed physician or his/her authorized agent who is currently approved by the N.C. Board of Medical Examiners.

Weight \_\_\_\_\_ Height \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Abdomen \_\_\_\_\_ GU \_\_\_\_\_ Ext. \_\_\_\_\_

Neurological System \_\_\_\_\_

Teeth \_\_\_\_\_ Skin \_\_\_\_\_ Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_

Results of Tuberculin Test, if given: \_\_\_\_\_

(Type)

(Results)

Should activities be limited? \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
Signature of physician/authorized agent currently approved  
by the N.C. Board of Medical Examiners

\_\_\_\_\_  
Date of examination

\_\_\_\_\_  
Office address

\_\_\_\_\_  
Office phone number

**\*\* See Back for IMMUNIZATION HISTORY Requirements \*\***

Updated 2017

### C. IMMUNIZATION HISTORY

Submit a copy from immunization history from physician.

Attach or Fax to Clemmons Moravian Preschool @ 336-766-3794

or email: [Preschool@clemmonsmoravian.org](mailto:Preschool@clemmonsmoravian.org)

- Required by State Law
  - G.S. 130-87(b) requires measles vaccine to be given on or after the first birthday.
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