Orange UMC Preschool phone:919-942-3495
Children's Health Report

Name of Child _____ Birthdate _____
Name of Parent or Guardian _____
Address of Parent or Guardian_____

A. Medical History (Completed by Parent)

1. Is child allergic to anything? _____ If yes, what? _____

2. Is child currently under a doctor's care? _____ If yes, for what reason?_____
   _____

3. Is child on any continuous medication? _____ If yes, what? _____

4. Any previous hospitalizations or operations _____ If yes, when and for what? _____
   _____

5. Any history of significant previous diseases or recurrent illness? Such as diabetes, convulsions, heart trouble, asthma. Please explain: _____
   _____
   _____

6. Does the child have any physical disabilities? _____ Explain_____
   _____

7. Any mental disabilities? _____ Explain_____

Signature of Parent or Guardian _____ date_____

B. Physical 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 DHHS standards for EPSDT program.

Height _____ % Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____
Neck _____ Heart _____ Chest _____ Neurological System_____
Skin _____ Vision _____ Hearing_____

Developmental Evaluation: Delayed _____ Age appropriate _____
If delay, note significance and special therapy or care needed:
_____

Should activities be limited? _____ if yes, explain _____
Other Recommendations: _____

Date of Examination _____
Signature of authorized examiner/title:
_____ _____ Phone# _____

Attach a copy of Immunization Record