



Dandelion Childcare

Children's Medical Report

A. Medical History (May be completed by parent)

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

A. Medical History (May be completed by parent)

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 the 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 previous diseases or recurrent illness? Yes _____ No _____

Diabetes: Yes _____ No _____ Convulsions: Yes _____ No _____

Heart Trouble: Yes _____ No _____ Asthma: Yes _____ No _____

If others, what/when? _____

6. Does the child have any physical disabilities? Yes _____ No _____

If yes, please describe: _____

Any mental disabilities? Yes _____ No _____

Signature of Parent/Guardian _____ Date _____



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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 a public health nurse meeting DHHS standards for EPSDT program.

Height _____ %	Weight _____ %	
Head _____	Eyes _____	Ears _____
Nose _____	Teeth _____	Throat _____
Neck _____	Heart _____	Chest _____
Abd/GU _____	Ext _____	Neurological System _____
Skin _____	Vision _____	Hearing _____

Results of Tuberculin Test, if given:

Type _____ Date _____ Normal _____ Abnormal _____ Follow Up _____

Developmental Evaluation: Delayed _____ Age Appropriate _____

If delay, note significance and care needed: _____

Should activities be limited? Yes _____ No _____

If yes, explain: _____

Any other recommendations? _____

Date of Examination _____

Signature of authorized examiner/title _____ Date _____