



W.E.E. Care Preschool
118 East South Avenue
Wake Forest, N. C. 27587

CHILD'S MEDICAL FORM

Name of Child _____ Age _____
Birth date _____
Parent's Name(s) _____
Parent's Address _____
Street City State ZIP

MEDICAL HISTORY

- 1- Previous hospitalization(s): Yes ___ No ___ If so, Why? _____

- 2- Is child allergic to anything? Yes ___ No ___ If so, what? _____

- 3- Previous Illnesses? Yes ___ No ___ If so, What? _____

- 4- Any Operations? Yes ___ No ___ If so, what? _____

- 5- Any physical handicaps? Yes ___ No ___ If so, what? _____

- 6- Is child currently under care of a doctor? Yes ___ No ___
If so, please describe _____

- 7- Any history of mental retardation? Yes ___ No ___
- 8- Any history of convulsions? Yes ___ No ___
- 9- Any history of diabetes in family? Yes ___ No ___
- 10- Any history of heart trouble? Yes ___ No ___

Note: The Physical Examination form on the reverse side is to be filled out by the child's Physician and returned before school starts.

(OVER)

PHYSICAL EXAMINATION **page 2**
(To be filled out by the Family Doctor or Pediatrician)

Student's Name _____ DOB _____

Results of Examination:

NORMAL	ABNORMAL	(DESCRIBE ABNORMAL)
1- ___ EYES	_____	_____
2- ___ E-N-T	_____	_____
3- ___ HEART	_____	_____
4- ___ LUNGS	_____	_____
5- ___ ABDOMEN	_____	_____
6- ___ GENITALIA	_____	_____
7- ___ MUSCULOSKELETAL	_____	_____
8- ___ NEUROLOGICAL	_____	_____
9- ___ SKIN	_____	_____

Weight _____ Height _____ Blood Pressure _____

I recommend this child for Weekday Preschool: Yes ___ No ___

IMMUNIZATION RECORD

DtaP	1 _____	2 _____	3 _____	4 _____	5 _____
Hib	1 _____	2 _____	3 _____	4 _____	
Polio	1 _____	2 _____	3 _____	4 _____	5 _____
HBV	1 _____	2 _____	3 _____		
Pevnar	1 _____	2 _____	3 _____	4 _____	
MMR	1 _____	2 _____			
Varivax	1 _____				

Signature _____,

Physician

Latest Exam date: _____

Comments: _____

