Children's Medical Report

Name of Child					Birthdate	
Name of Parent of	r Guardian					
Medical Histor	ry (May be com	pleted by par	rent)			
Is child allergic	to anything? N	oYes	If yes, wha	t?		
Is child currentl	y under a doctor	r's care? No_	Yes	If yes, for what	t reason?	
Is the child on a	ny continuous n	nedication? 1	NoYes_	_ If yes, what		
Any previous he	ospitalizations o	or operations?	No Yes	If yes, who	en and for what?_	
Any history of s convulsions No If others, what/v	Yes_; h	eart trouble N	loYes_	_; asthma No_	Yes; diabete Yes	es NoYes;
					ease describe:	
					D	ate
3. Physical Examagent current states), a cert	nt or Guardian nination: This ely approved by ified nurse pract	examination r the N. C. Boa titioner, or a p	must be compard of Medica	oleted and sign	ned by a licensed p	atehysician, his authoroard from bordering for EPSDT program
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