

# Crosskids Preschool Student Information

## Medical Report—include copy of shot record (the doctor office print off of child is sufficient in place of this report)

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

### Medical History (may be completed by parent)

1. Is child allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, for what reason?

3. Is child on any continuous medication? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when and for what?

5. Any history of significant previous diseases or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_

Diabetes? No \_\_\_\_\_ Yes \_\_\_\_\_ Convulsions? No \_\_\_\_\_ Yes \_\_\_\_\_

Heart Trouble? No \_\_\_\_\_ Yes \_\_\_\_\_

If others, what/when? \_\_\_\_\_

6. Does the child have any physical disabilities? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe:

7. Does the child have any mental disabilities? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe:

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Physical Examination:** This exam must be completed and signed by a licensed physician, approved by the NC Board of Medical Examiners, a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program. The medical office's exam form can be used in place of this form.

Height: \_\_\_\_\_ % Weight: \_\_\_\_\_ % Head \_\_\_\_\_ Eyes \_\_\_\_\_

Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_

Ext \_\_\_\_\_ Neurological System \_\_\_\_\_ Skin \_\_\_\_\_

Results of TB test, if given: Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Should activities be limited? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Date of exam \_\_\_\_\_

Signature of authorized examiner/title \_\_\_\_\_

Office \_\_\_\_\_ Phone # \_\_\_\_\_