

**HAYES BARTON UNITED METHODIST PRESCHOOL
Children's Medical Report**

Name of child _____ Age _____ Birthday _____

Name of Parent/Guardian _____

Address _____

A. PHYSICAL EXAMINATION (Completed by physician) can be based on the last physical

Weight _____ Height _____ Heart _____ Chest _____ Throat _____ Neck _____ Abdomen _____ GU _____

Ext _____ Teeth _____ Skin _____ Head _____ Eyes _____ Ears _____ Tuberculin, if given _____

Should activities be limited? _____

Recommendations _____

Physician Licensed by the NC Medical Board Today's Date Date of Exam (no more than one year ago)

Office Address _____ Telephone _____

B. IMMUNIZATION HISTORY (Can attach immunization record)

Vaccine	Date	Date	Date	Date	Date
DTP					
Polio					
HIB					
MMR					
Hep B					
Chicken Pox					
Other					