

**Mt. Calvary Christian Academy & Daycare
Children's Medical Report**

NAME OF CHILD _____ **Age** _____ **BirthDate** _____

Social Security _____

Name of Parent _____ **Address** _____

Medical History

1. **Previous hospitalization: If so, what?** _____
2. **Is child allergic to anything? If so, what?** _____
3. **Any previous diseases or illness? If so, what?** _____
4. **Any operations? If so, what?** _____
5. **Any physical handicaps? If so, what?** _____
6. **Is child under the care of a doctor? If so, for what reason?** _____
7. **Any history of mental retardation? No** _____ **Yes** _____
8. **Any history of convulsion? No** _____ **Yes** _____
9. **Any history of heart trouble? No** _____ **Yes** _____

Parent's Signature _____

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PHYSICAL EXAMINATION
(Must be completed & signed by examining physician)

Name of Child _____

Weight _____ **Height** _____ **Heart** _____ **Chest** _____ **Throat** _____

Neck _____ **Abdomen** _____ **GU** _____ **Ext.** _____

Neurological System _____

Teeth _____ **Skin** _____ **Head** _____ **Eyes** _____ **Ears** _____

Results of TB test given: Type _____ **Results** _____

Should activities be limited? _____

Physician Signature _____

Date _____