

# SUNRISE CHILDREN'S SCHOOL

## MEDICAL REPORT

(TO BE COMPLETED BY A PHYSICIAN)

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_

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

Address of Parent/Guardian \_\_\_\_\_

### A. Medical History

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 illnesses? 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 \_\_\_\_\_

### B. Physical Examination (This examination must be completed and signed by a licensed physician or a certified nurse practitioner.)

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_

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

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

Results of Tuberculin Test, if given: Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_\_\_

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

Any other recommendations: \_\_\_\_\_

Name of authorized examiner/title (please print) \_\_\_\_\_

Phone number \_\_\_\_\_ Date of examination \_\_\_\_\_

Signature of authorized examiner \_\_\_\_\_

**NOTE: PLEASE ATTACH A SIGNED, UP-TO-DATE COPY OF THE CHILD'S IMMUNIZATION RECORD.**