



HUMC Preschool Child's Medical Form

15395 Hwy 17
Hampstead, NC 28443
Tel: 910-270-3388
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CHILD'S INFORMATION

Name: _____
last first middle Date of birth

Name of Parent or Guardian: _____

Full Address: _____

Phone Numbers: _____

MEDICAL HISTORY

	Yes	No	If yes, please describe
1. Any previous hospitalization or operations?			
2. Is the child under the care of a doctor?			
3. Is the child on any continuous medications?			
4. Is the child allergic to anything?			
5. Does the child have any physical disabilities?			
Any mental or emotional disabilities?			
6. Does the child have any history of recurrent illness or previous diseases?			
Heart trouble?			
Diabetes?			
Convulsions?			
Any others?			

SIGNATURE OF PARENT OR GUARDIAN

PHYSICAL EXAMINATION

Must be completed and signed by a licensed physician or his/her authorized agent who is currently approved by the N.C. Board of Medical Examiners.

Height _____	Weight _____	Heart _____	Chest _____
Throat _____	Neck _____	Abd/GU _____	Ext. _____
Teeth _____	Skin _____	Head _____	Eyes _____
Ears _____	Nose _____	Neurological System _____	

Should activities be limited: ☐ Yes ☐ No If yes, explain: _____

Results of Tuberculin Test, if given: Type: _____ Results: _____

Recommendations: _____

Physician Signature _____ Physician Name (printed) _____ Date _____

Practice Name and Address _____ Phone _____