



HUMC Preschool Child's Medical Form

15395 Hwy 17
Hampstead, NC 28443
Tel: 910-270-3388
Fax: 910-270-9615

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:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____			

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

Physician Signature	Physician Name (printed)	Date
Practice Name and Address		Phone