The Weekday School Medical Form 2018-19

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828/692-6673 School 828/693-4275 Church

IMMUNIZATIONS

PARENTS … Please submit a current certificate of immunization.

It is Church policy that we DO NOT accept EXEMPTIONS for immunizations.

The School is responsible for accurately reporting children's immunizations to the State of North Carolina. North Carolina state law requires the following: "A certificate of immunization should be presented to the child care operator for each child who attends the facility. The child care operator should check the certificate to ensure the child meets immunization requirements." The law further states, "If a child's immunization record lacks evidence of required vaccination, the parent or guardian must be notified about the deficiency."

If an immunization record is incomplete, the School must notify the parents in writing that the file must be completed and/or updated. Written verification of proper immunization must be received within 30 days of notice, or child care will be terminated.

Date of Exam _____

Child's Name _____ Age _____ Date of Birth _____

Parent/Guardian's Name(s) _____ Date of This Exam _____

MEDICAL HISTORY

1. Previous hospitalizations? Yes ____ No ____ If so, why? _____
2. Serious illness/operation? Yes ____ No ____ If so, what? _____
   _____
3. Physical handicaps? Yes ____ No ____ If so, describe _____
   _____
4. Allergies? Yes ____ No ____ If so, what? _____
   _____
5. Is child under doctor's care? Yes ____ No ____ If so, why? _____
   _____
6. Any history of medical condition affecting mental/physical development? Yes ____ No ____
7. Any family history of seizures or fainting? Yes ____ No ____
8. Any history of diabetes in the family? Yes ____ No ____
9. History of heart condition? Yes ____ No ____

PHYSICAL EXAMINATION

Height _____ Weight _____ Heart _____ Chest _____

Throat _____ Neck _____ Abdomen _____ GU _____

Ext _____ Neuro _____ Teeth _____ Skin _____

Head _____ Eyes _____

Should activities be limited? _____ Recommendations _____

_____

2/2018 Physician's Signature _____

*** *A $110 non-refundable registration fee, completed registration form, and immunization record must accompany this form for your child to fully be registered.* ***