



Little One's World Academy  
711 Greensboro Rd.  
High Point NC, 27260  
Tel: 336-889-9050

Application Date \_\_\_\_\_

Enrollment Date \_\_\_\_\_

### CHILDREN'S MEDICAL REPORT

Name of Child \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

**A. Medical History (May be completed by parent)**

Is child allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_

Is the child currently under a doctor's care? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, for a what reason? \_\_\_\_\_

Is the child on any continuous medication? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what? \_\_\_\_\_

Any previous hospitalizations or operations? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, when and for what? \_\_\_\_\_

Any history of significant previous diseases or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_:  
Diabetes No \_\_\_\_\_ Yes \_\_\_\_\_; Convulsions No \_\_\_\_\_ Yes \_\_\_\_\_; Heart Trouble No \_\_\_\_\_ Yes \_\_\_\_\_  
If others, what/when? \_\_\_\_\_

Does the child have any physical disabilities: No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program. Height \_\_\_\_\_% Weight \_\_\_\_\_%

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

Throat \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Adb/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: \_\_\_\_\_

Signature of Authorized Examiner/Title \_\_\_\_\_

Date of Examination \_\_\_\_\_ Phone # \_\_\_\_\_

Office Address  
(may use address stamp)