Applefree Rd. Raleigh, NC 27610 (919) 255-3434 CHILDREN'S MEDICAL REPORT

Appletree Day Care, Inc. Appletree Child Development Center, Inc.

4604 Poole Rd.

Name of Child	DOB:	
Name of Parent or GuardianAddress of Parent or Guardian		
Email of Parent or Guardian A. Medical History (May be completed by parent) Is child allergic to anything? No Yes		
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		
Any mental disabilities? No Yes If yes, please describe:		
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%		
Head EyesEarsNose	eTeeth	_ Throat
NeckHeartChestAdb/	GUVision	_Hearing
Ext Neurological System Skin		
Results of tuberculin Test, if given: Type Da	te Normal	Abnormal
Developmental Evaluation: delayedage appropriate If delay, note significance and special care needed;		
Should activities be limited? NoYes If yes, explain:		
	·	Office Address (may use address stamp)
Any other recommendations:		
Signature of Authorized Examiner/Title		