2415 Silas Creek Parkway
Winston-Salem, NC 27103
(336) 725-1651 • Fax (336) 725-1603
www.StJohnsFalcons.org

St. John's Lutheran School
Developing Minds. Serving Communities. Growing In Faith.

Child's Medical Report Date: _____

Name of Child _____ Birth date _____
Name of Parent/Guardian _____
Address of Parent/Guardian _____

MEDICAL HISTORY (may be completed by parent)
Does the child have any allergies? ___ yes ___ no If yes, what? _____
_____
Is child currently under a doctor's care? ___ yes ___ no If yes, for what reason_____
_____

Is the child on any continuous medication? ___ yes ___ no If yes, what? _____
_____

Any previous hospitalizations or operations? ___ yes ___ no If, yes, when and for what?
_____

Any history of significant previous diseases or recurrent illness? ___ yes ___ no
Diabetes ___ yes ___ no Convulsions ___ yes ___ no Heart Trouble ___ yes ___ no
If others; what/when? _____

Does child have any physical disabilities? ___ yes ___ no If yes, please describe _____
_____

Does child have any mental disabilities? ___ yes ___ no If yes, please describe _____
_____

Signature of Parent/Guardian _____ Date _____

PHYSICAL EXAMINATION: This examination must be completed and signed by a licensed physician, or his authorized agent currently approved by the NC 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 _____ Abd/GU _____ Ext _____ Skin _____
Neurological system _____
Results of Tuberculin Test, if given: Type _____ Date _____ Normal ___yes ___ no
Should physical activities by limited? ___ yes ___ no If yes, please explain _____
_____

Any other recommendations: _____

Signature of authorized examiner & title _____

Date of examination_____ Office phone _____
Office address (may use stamp)_____

* * * * *PLEASE ATTACH RECORD OF CHILD'S IMMUNIZATIONS * * * * *