

Heather Park Child Development Center
932 Heather Park Drive
Garner NC 27529

CHILD'S MEDICAL REPORT

Name of child (first, middle initial, last)	Birth Date
---	------------

Name of Parent or Guardian

Parent or Guardian Address

Medical History This section may be completed by parent or guardian.

Does your child have any allergies? Yes No If yes, please explain fully.

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

Is your child on any continuous medication? Yes No If yes, list medication(s).

Has your child had any operations or hospitalization? Yes No If yes, when and for what?

Does your child have a history of significant disease or recurrent illness? Yes No
Diabetes? Yes No
Convulsions? Yes No
Heart Trouble? Yes No
Anything else? Yes No If yes, what and when?

Does your child have any physical disabilities? Yes No If yes, please describe.

Does your child have any mental disabilities? Yes No If yes, please describe.

Immunization History

The day care operator or health official must enter the date immunization was received in the space below or attach a copy of the immunization record. GS 130A-155(b) requires all day care facilities to have this information on file.

Enter date of each dose: **Month/Day/Year**

VACCINE	#1	#2	#3	#4	#5
DTP/DT (circle which)					
*Polio					
**Hib					
***Hepatitis B					
*MMR (combined doses)					
Other					

Rev981206

*Required by State law.

**Required by State law for children born on or after October 1, 1988.

***Required by State law for children born on or after July 1, 1994.