

# CJP Children's Medical Report

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

## B. Medical History (To be completed & signed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes describe in detail: \_\_\_\_\_

(If yes is checked, parents will need to fill out an Allergy Action Plan)

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

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

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

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_; Diabetes? No \_\_\_ Yes \_\_\_;  
Convulsions? No \_\_\_ Yes \_\_\_; Heart trouble? No \_\_\_ Yes \_\_\_. If others, what? \_\_\_\_\_

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

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**A. Physical examination:** This examination must be completed and signed by a licensed physician, an 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 DHHS standards for EPSDT program.

Height \_\_\_ % Weight \_\_\_ % Head \_\_\_ Eyes \_\_\_ Ears \_\_\_ Nose \_\_\_ Teeth \_\_\_ Throat \_\_\_ Neck \_\_\_ Heart \_\_\_

Chest \_\_\_ ABD/GU \_\_\_ Ext \_\_\_ Neurological System \_\_\_\_\_ Skin \_\_\_\_\_

Results of TB test, if given: Type: \_\_\_\_\_ Date: \_\_\_\_\_ Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

Is child up to date on all of his/her immunizations? Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

Date of Examination: \_\_\_/\_\_\_/\_\_\_\_\_

Signature & Title of authorized examiner \_\_\_\_\_

Phone number \_\_\_\_\_