

**THE WEEKDAY SCHOOL MEDICAL FORM**

First United Methodist Church, 204 Sixth Avenue West, Hendersonville, NC 28739

692-6673 SCHOOL

693-4275 CHURCH

**IMMUNIZATIONS****PARENTS ... Please submit a current certificate of immunization.****It is Church policy that we DO NOT accept EXEMPTIONS for immunizations.**

The School is responsible for accurately reporting children's immunizations to the State of North Carolina. North Carolina state law requires the following: "A certificate of immunization should be presented to the child care operator for each child who attends the facility. The child care operator should check the certificate to ensure the child meets immunization requirements." The law further states, "If a child's immunization record lacks evidence of required vaccination, the parent or guardian must be notified about the deficiency."

If an immunization record is incomplete, the School must notify the parents in writing that the file must be completed and/or updated. Written verification of proper immunization must be received within 30 days of notice, or child care will be terminated.

***Your registration will not be confirmed without a current medical form and immunization record.***

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ Date of This Exam \_\_\_\_\_

**MEDICAL HISTORY**

1. Previous hospitalizations? Yes \_\_\_\_ No \_\_\_\_ If so, why? \_\_\_\_\_  
\_\_\_\_\_
2. Serious illness/operation? Yes \_\_\_\_ No \_\_\_\_ If so, what? \_\_\_\_\_  
\_\_\_\_\_
3. Physical handicaps? Yes \_\_\_\_ No \_\_\_\_ If so, describe \_\_\_\_\_  
\_\_\_\_\_
4. Allergies? Yes \_\_\_\_ No \_\_\_\_ If so, what? \_\_\_\_\_  
\_\_\_\_\_
5. Is child under doctor's care? Yes \_\_\_\_ No \_\_\_\_ If so, why? \_\_\_\_\_  
\_\_\_\_\_
6. Any history of medical condition affecting mental/physical development? Yes \_\_\_\_ No \_\_\_\_
7. Any history of seizures? Yes \_\_\_\_ No \_\_\_\_
8. Any history of diabetes in the family? Yes \_\_\_\_ No \_\_\_\_
9. History of heart condition? Yes \_\_\_\_ No \_\_\_\_

**PHYSICAL EXAMINATION**

Height _____	Weight _____	Heart _____	Chest _____
Throat _____	Neck _____	Abdomen _____	GU _____
Ext _____	Neuro _____	Teeth _____	Skin _____
	Head _____	Eyes _____	

Should activities be limited? \_\_\_\_\_ Recommendations \_\_\_\_\_