A Child's Hope 434 Fayetteville Street, Suite 1860 Raleigh, North Carolina 27601

Child's Medical Form

Child's Name	_		
Birthdate	Age	Sex	
1. Significant events in the child's developerations, nutritional, dental, mental, e			ıts,
2. Immunizations: Are up to date:	: Yes	No	
If no, what immunizations have not bee	n administered	d?	
When will the immunizations be admin	istered?		
Documentation of Medical Examina A. Growth and Development:	<u> </u>		
B. Height Weight	B/P		
2) allergies3) chronic conditions	g tuberculosis_	Kind of TB Test	
E. Other (specify) F. Normal evaluation: Yes No G. If not, describe abnormal of handica H. Recommendations: 1. Any restricted activities:	npping condition	ons:	
Signature of Physician Name and Address (printed or typed)		Date of Examination	