

**MEDICAL RECORD**  
**TO BE FILLED OUT BY THE PHYSICIAN /P.A./ OR NURSE PRACTICIONER**  
At Family Doctor's Office or Local / County Health Department

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Student's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

General Appearance: \_\_\_\_\_

General Nutrition: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Posture: \_\_\_\_\_ Feet: \_\_\_\_\_

Skin: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Heart: \_\_\_\_\_ Genitals: \_\_\_\_\_

\*Vision: Right Eye: \_\_\_\_\_ Left Eye: \_\_\_\_\_ Hearing(Audiometric): \_\_\_\_\_

\*NCA provides annual vision and hearing screening, if not readily available by physician.

Tonsils and Adenoids: \_\_\_\_\_ Lungs: \_\_\_\_\_

Thyroid: \_\_\_\_\_ Other Glands: \_\_\_\_\_

Reflexes: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emotional Status:

\_\_\_\_\_

General Condition:

\_\_\_\_\_

Is pupil capable of carrying a full program of school work, including physical education?

\_\_\_ Yes \_\_\_ No

If no, please give reason and state limitations: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMMUNIZATION RECORD**

Dear Parents,

All Kindergarten and new students must have on file before entrance, a complete Examination/Health History form and up-to-date immunization records. We are also recommending a current medical and dental examination for children who will be entering 3<sup>rd</sup> and 6<sup>th</sup> grades.

(All immunization documents MUST show the complete "day, month, and year" the immunization was received and be validated with a signature stamp of a physician or public health personnel.)

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Student: \_\_\_\_\_

### MEDICAL HISTORY

(To be completed by Parent or Guardian)

List all allergies and any precautions and/or treatment being administered to the child:

\_\_\_\_\_

Does your child wear glasses? \_\_\_ Yes \_\_\_ No                      Does your child wear contacts? \_\_\_ Yes \_\_\_ No

Does your child have hearing difficulties? \_\_\_ Yes \_\_\_ No

Does your child have any speech difficulties? \_\_\_ Yes \_\_\_ No

Does your child have any dental work we should be aware of? \_\_\_ Yes \_\_\_ No

Check any of the following conditions your child has, or had, and explain in detail below any current or long-term treatments or educational adjustments.

- |  |   |
|--|---|
| <input type="checkbox"/> Blood disorder (anemia, etc.)                     | <input type="checkbox"/> Measles              |
| <input type="checkbox"/> Emotional problems (depression, anxiety, etc.)    | <input type="checkbox"/> Whooping cough       |
| <input type="checkbox"/> Seizure disorder (epilepsy, etc.)                 | <input type="checkbox"/> Scarlet fever        |
| <input type="checkbox"/> Learning difference ( ADD, etc.)                  | <input type="checkbox"/> Smallpox             |
| <input type="checkbox"/> HIV or AIDS                                       | <input type="checkbox"/> Rubella              |
| <input type="checkbox"/> Vertigo/fainting spell                            | <input type="checkbox"/> Chickenpox           |
| <input type="checkbox"/> Ear Problems (deafness, mastoiditis, etc.)        | <input type="checkbox"/> Polio                |
| <input type="checkbox"/> Liver disorder                                    | <input type="checkbox"/> Mumps                |
| <input type="checkbox"/> Kidney Stones or disease                          | <input type="checkbox"/> Migraines            |
| <input type="checkbox"/> Endocrine disorder (diabetes, hypoglycemia, etc.) | <input type="checkbox"/> Tuberculosis         |
| <input type="checkbox"/> Surgeries   | <input type="checkbox"/> Rheumatic fever      |
| <input type="checkbox"/> Heart problem                                     | <input type="checkbox"/> Sinus problem        |
| <input type="checkbox"/> frequent infections                               | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Reactive airway disease                           | <input type="checkbox"/> Food/other Allergies |
| <input type="checkbox"/> Allergy to medications                            |   |

If yes, to any of the above questions please give explanation. (Attach a separate sheet for more details, if needed.)

### Parent/Guardian's Acknowledgment

I hereby certify that, to the best of my ability, the information supplied herein, concerning my child's physical and emotional health, is accurate and complete, and I agree to keep NCA apprised of any changes to this information that may occur during the course of the school year.

\_\_\_\_\_  
Parent/ Guardian's Signature

\_\_\_\_\_  
Date