



MLC

Montessori Learning Center

www.mlcasheville.org

1 School Rd • Asheville, North Carolina 28806 • (828)259-9880

Children's Medical Report

Name of Child _____ Age _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

A. Medical History

(to be completed by Parent or Physician)

Please answer yes or no. If answer is yes, please explain

Previous hospitalization? _____

Is child allergic to anything? _____

Any previous diseases or illness? _____

Any Operations? _____

Any history of convulsions? _____

Any history of diabetes in the family? _____

Any history of heart trouble? _____

Is child currently under care of a doctor? If yes, for what reason?

Parent or Guardian Signature _____

B. Physical Examination

(This section is to be completed and signed by a licensed physician or professional)

<i>Weight</i>		<i>Abdomen</i>		<i>Eyes</i>	
<i>Height</i>		<i>GU</i>		<i>Ears</i>	
<i>Heart</i>		<i>Ext.</i>			
<i>Chest</i>		<i>Teeth</i>			
<i>Throat</i>		<i>Skin</i>			
<i>Neck</i>		<i>Head</i>			

T.B _____ Neurological System _____

Should activities be limited? _____

Additional Recommendations? _____

Signature of Physician/Date _____

Office Address _____ Phone _____

C. Immunizations *(please fill out chart on the back of this form and attach copy of official immunization record)*

Child's Name: _____ Date of Birth _____

Immunization Schedule Checklist

Recommended Age (as of 1/99)	Immunization	Date Given	Due to Center by	Late Notice Sent
Birth	Hepatitis B*			
2 months	DTaP #1		3 months	1)
	Hib #1			2)
	Polio #1			3)
4 months	HepB #2		5 months	
	DTaP #2			1)
	Hib #2			2)
	Polio #2			3)
6 months	DTaP#3		7 months	1)
	Hib#3**			2)
	HepB #3			3)
12 months	DTaP #4***		19 months	1)
	Hib #4			2)
	Polio #3			3)
	MMR #1			
	VAR			
4-6 years	DTaP #5		Kindergarten Entry	1)
	Polio #4			2)
	MMR #2			3)

* Hepatitis B can be started as late as 6 months depending on the vaccine and schedule used. All 3 doses should be complete by 19 months.

** Not needed IF the Hib is documented to be Pedvax/only 1 Hib needed if given on or after 15 months of age.

*** Minimum of 6 months TO THE DAY from 3rd DTaP

For more information on immunizations please call the Health Department at 250-5096