



Montessori Learning Community

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

www.mlcasheville.org

Children's Medical Report

An Immunization Record or Letter of Medical or Religious Exemption needs to accompany this 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 _____

Please complete the Nutrition Opt Out Form on reverse!