MINTZ CHRISTIAN ACADEMY

2741 Mintz Road ♦ Roseboro, NC 28382 ♦ (910) 564-6221 Office ♦ www.mcanc.com

STUDENT MEDICAL FORM

School Year: 20___ - 20___

Student: _____ Birth Date:_____

Name of Parent or Guardian:_____ Date:_____

_____ _____ _____ _____
Address City State Zip

A. MEDICAL HISTORY (To be completed by the parent)

1. Is your child allergic to anything? Yes No

   If yes, what?_____

2. Is your child under a doctor's care? Yes No

   If yes, what?_____

3. Any previous hospitalizations or operations? Yes No

   If yes, what?_____

4. Is your child on any continuous medication? Yes No

   If yes, what?_____

5. Any history of diseases or recurrent illnesses? Yes No

   If yes, what?_____

6. Does your child have any physical disabilities? Yes No

   If yes, what?_____

7. Does your child have any mental disabilities? Yes No

   If yes, what?_____

B. WHERE DOES YOUR CHILD RECEIVE HEALTHCARE?

Name of doctor/clinic:_____ Phone number:_____

Date of last physical exam:_____

Name of dentist:_____ Phone number:_____

Date of last dental exam:_____

C. PHYSICAL EXAMINATION ***(To be completed by a licensed physician, certified nurse practitioner, or public health nurse)***

Height_____ % Weight_____ % Head_____ Eyes_____ R____ L____ Both Ears_____

Nose_____ Teeth_____ Throat_____ Neck_____ Heart_____ Chest_____ Abd/GU _____

Ext_____ Skin_____ Neurological_____ System_____ Should activities be limited?_____

Explain:_____

Results of Tuberculin Test, if give: Type_____ Date_____ Normal_____Abnormal_____

_____ _____

Examiner's Signature/Title Phone

D. IMMUNIZATION RECORD (the health official must enter the date immunizations were received in the space below or attach a copy of the immunization record.)

TYPE OF VACCINE	#1	#2	#3	#4	#5
*DPT OR DT (circle one)					
*Polio					
** Hib					
*MMR (combined doses)					
*** Measles (two doses)					
Mumps (single dose)					
Rubella (single dose)					
*** Hep. B (three doses)					
Other					

*Required by State Law **Required by State Law if born on or after 10-01-91 ***Required by State Law if born on or after 7-01-94

NOTE: If there are any changes in a student's health history, it is the responsibility of the parent/guardian to notify the school and submit a new "Student Medical Form" as soon as possible.

_____ _____

Parent Signature **Date**