

APPLICATION ADDENDUM C: MEDICAL HISTORY, PHYSICAL, AND IMMUNIZATIONS

This form is required in its entirety from all students who are new to the 5K program at NHCS. Additionally returning 5K students must submit an updated immunization record.

Name of Child _____ Birthdate _____
 Name of Parent or Guardian _____
 Address of Parent or Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____
 2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____
 3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____
 4. Any previous hospitalizations or operations? No ___ Yes ___
If yes, when and for what? _____
 5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___;
diabetes? No ___ Yes ___; convulsions? No ___ Yes ___; heart trouble? No ___ Yes ___ If others,
what/when? _____
 6. Does the child have any physical disabilities: No ___ Yes ___ If yes, please describe: _____
- Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____

B. Physical Examination This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height _____ %	Weight _____ %	Head _____
Eyes _____	Ears _____	Nose _____
Teeth _____	Throat _____	Neck _____
Heart _____	Chest _____	Abd/GU _____
Ext _____	Neurological System _____	
Skin _____		

Results of Tuberculin Test, if given: Type _____ Date _____
 Normal _____ Abnormal _____
 Should activities be limited? No ___ Yes ___ If yes, please explain: _____
 Other recommendations: _____

Signature of authorized examiner/title _____
 Date of Examination _____ Phone # _____
 (Continued on next page)

North Hills Christian School

...equipping hearts and minds of students to impact the world for Christ.

C. Immunization History: The health official must enter the date immunization was received in the space below or attach a copy of the immunization record.

G.S. 130A-155(b) requires all daycare facilities to have this information on file.

Enter date of each dose - (Mo/Day/Year)

VACCINE	#1	#2	#3	#4	#5
DPT/DP (Circle one)	_____	_____	_____	_____	_____
OPV (Polio)	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____
Hep B	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
(combined doses)	_____	_____	_____	_____	_____
Measles	_____	_____	_____	_____	_____
(single dose)	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
(chickenpox)	_____	_____	_____	_____	_____
PCV-7	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____

State Law requires the following minimum doses for entry into a child care or school program:

- DPT/DP (4 doses for students under 4; 5 doses, including one dose after age 4, for 5K and above)
- 4 Polio (unless dose three was given after age four years)
- 3 Hep B
- 1 HiB (students under age 5 only)
- 2 Measles (on or after 1st birthday), 1 Mumps, and 1 Rubella
- 1 Varicella (between age 12 – 19 months, students born after 4/1/01)
- TDaP booster (required prior to entering grade six)

Any exemptions of state law require that a statement must be on file in student's permanent record at school. Medical exemption must be written by a medical doctor.

Signature of authorized examiner _____
 Printed Name: _____ Date of exam: _____
 Title _____ Phone: _____
 Address: _____