

**McCurdy Schools of Northern New Mexico Pre-K
362A S McCurdy Road
Española, NM 87532
2017-2018**

MEDICAL HISTORY

GRADE _____

Name _____ Birthday _____

Parents: _____

Address: _____

Home Phone _____ Father's work phone _____ Mothers work phone _____

Has your child had any of the following? Check each item, yes or no. (If yes, make comment below).

	Yes	No		Yes	No
Rheumatic fever			Frequent sore throats		
Asthma-lung disease			Diabetes in the family		
Heart disease or murmur			Under doctor's care now		
Had a seizure or convulsion			Takes medication now		
Pain or stiffness in neck			Wears contact lenses		
Migraine headaches			Concussion/head injury		
Blurred vision or spots in front of eyes			Had any operations or hospitalizations		
Hearing problem/ear infections			Broken bones		
Allergies			Emotional problems		
Anemia			Mumps		
			Chickenpox		

Comments: _____

 Date

 Signature of Parent or Guardian

INSURANCE INFORMATION

He / She is covered by _____
 Name of Insurance

 Policy Number

He / She is covered by School Insurance: Yes _____

No _____

ONLY THIS FORM TO BE ACCEPTED

MEDICAL EXAMINATION (To be completed by doctor after May 1 of current school year.)

Name _____ Grade _____

Height _____ Blood Pressure _____ Vision R _____ L _____

Weight _____ Pulse _____

Urinalysis _____ Hematocrit _____ Corrected Vision R _____ L _____

	Normal	Abnormal	Describe abnormal findings
General Appearance			
Speech			
Skin			
EENT			
Lungs			
Heart			
Abdomen			
Genitalia			
Musculoskeletal			
Neurological			
Psychiatric			
Endocrine			

Impressions and/or remarks:

Recommendations and/or restrictions:

Follow-up Notes:

Date of Exam: _____
Signature of Examining Doctor _____