Children's Medical Report

Name of Child_					Birthdate	
					·	
. Medical Histo	ory (May be co	ompleted by				
. Is child allergi	e to anything?	NoYes	s If yes, wh	at?		
. Is child current	tly under a doc	ctor's care?	No Yes	If yes, for w	what reason?	
. Is the child on	any continuou	ıs medication	n? No Yes_	If yes, w	vhat?	
. Any previous l	nospitalization	s or operation	ons? NoYe	s If yes,	when and for what?	
convulsions N	oYes;	heart troub	ses or recurrent	; asthma N	Yes; diabet	tes NoYes;
. Does the child	have any phys	sical disabili	ties: NoYe	esIf yes,	please describe:	
		ian				Date
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