

**McCurdy Schools of Northern New Mexico Pre-K  
362A S McCurdy Road  
Española, NM 87532  
2021-22**

**MEDICAL HISTORY**

GRADE\_Pre-K

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 the 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

ONLY THIS FORM TO BE ACCEPTED

MEDICAL EXAMINATION (To be completed by a doctor after May 1 of the 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** \_\_\_\_\_