

**McCurdy Schools of Northern New Mexico Pre-K**  
**362A S McCurdy Road**  
**Espanola, NM 87532**  
**2022-23**

**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