



St. Mark's Preschool  
4801 Six Forks Road  
Raleigh, NC 27609  
919-787-1832 x 16  
919-787-7548 fax  
www.stmarksraleigh.org

***St. Mark's UM Church Preschool  
Annual Physical Exam Report  
Please return the completed form by August 15.***

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

***Medical History (may be completed by parent)***

Previous hospitalization? Yes  No  If yes, reason: \_\_\_\_\_

Allergies? Yes  No  If yes, details: \_\_\_\_\_

Previous serious illness? Yes  No  If yes, details: \_\_\_\_\_

Surgery? Yes  No  If yes, details: \_\_\_\_\_

Physical handicaps? Yes  No  If yes, details: \_\_\_\_\_

Under a doctor's care? Yes  No  If yes, details: \_\_\_\_\_

History of mental retardation? Yes  No  If yes, details: \_\_\_\_\_

History of convulsions? Yes  No  If yes, details: \_\_\_\_\_

History of diabetes? Yes  No  If yes, details: \_\_\_\_\_

History of heart disease? Yes  No  If yes, details: \_\_\_\_\_

***Physical Examination (must be completed by a Physician)***

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Heart: \_\_\_\_\_ Chest: \_\_\_\_\_ Throat: \_\_\_\_\_

Neck: \_\_\_\_\_ GU: \_\_\_\_\_ Ext: \_\_\_\_\_ Neuro: \_\_\_\_\_ Teeth: \_\_\_\_\_

Skin: \_\_\_\_\_ Head: \_\_\_\_\_ Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_

Results of tuberculin test, if given: Type: \_\_\_\_\_ Results: \_\_\_\_\_

Should any activities be limited? Yes  No  If yes, details: \_\_\_\_\_

Other recommendations? \_\_\_\_\_



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***Dates of Immunizations***

DPT\*: \_\_\_\_\_  
Polio\*: \_\_\_\_\_  
Measles<sup>A</sup>: \_\_\_\_\_  
Rubella: \_\_\_\_\_  
Mumps: \_\_\_\_\_

*\* State Law, G.S. 130-87, requires three vaccinations by age one. <sup>A</sup>Vaccination by age two.*

**Physician's Signature:**

**Date of exam:**

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_