



LITTLE FOLKS SCHOOL OF NC INC.

PHYSICAL EXAMINATION: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by NC Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Child's Name _____

Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ Abd/GU _____

Ext _____ Neurological System _____ Skin _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal _____ Abnormal _____

Should activities be limited? No _____ Yes _____ If yes, explain: _____

Any other recommendations: _____

_____ Date of Examination _____

Signature of authorized examiner/title _____

Phone number _____