

**CHILD MEDICAL HISTORY
(AGE 13 AND UNDER)**

Child's Name _____ DOB _____

Date of last medical examination _____

Does child have or has child ever had:	Yes	No
Anemia.....	_____	_____
Diabetes.....	_____	_____
Hepatitis.....	_____	_____
Allergies to:		
Penicillin.....	_____	_____
Other antibiotics.....	_____	_____
If so, what _____		
Local anesthetic.....	_____	_____
Latex.....	_____	_____
Abnormal heart condition.....	_____	_____
Abnormal bleeding from a cut.....	_____	_____
Rheumatic fever.....	_____	_____
Heart murmur.....	_____	_____
Is your child under the care of a physician now.....	_____	_____
If so, for what _____		
Is any medication being taken now.....	_____	_____
If so, what _____		
Other physical conditions _____		

Name of physician _____

Phone _____

Signature of Parent or Guardian _____

Date _____