



Spruce Pine Montessori School
 67 Walnut Avenue
 Spruce Pine, NC 28777
 828-520-1145
 www.sprucepinemontessori.org

Medical Report

(Needed Only Upon First Enrollment)

This examination must be completed and signed by a licensed physician (approved by the NC board of Medical Examiners or comparable board of a bordering state), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Child's Name: _____ Birthdate: _____ Today's Date: _____

Height: _____ % Weight: _____ %

Head: _____ Eyes: _____ Ears: _____ Nose: _____ Teeth: _____ Throat: _____

Neck: _____ Heart: _____ Chest: _____ Abd/GU _____ Ext: _____

Hearing: _____ Neurological System: _____ Skin: _____

Result of tuberculin test, if given: Type: _____ Date: _____ Normal: _____ Abnormal: _____

Does this child have any developmental delays either physical or cognitive? No ___ Yes ___

If yes, describe _____

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

Any other recommendations? _____

Signature of Authorized Examiner: _____

Title: _____ Date of Examination: _____

Office Address: _____

Office Phone number: _____