THIS SIDE TO BE COMPLETED BY PARENT OR GUARDIAN - - - - FOR ALL STUDENTS

McCurdy Schools of Northern New Mexico Pre-K
362A S McCurdy Road
Espanola, NM 87532
2024-25

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

Revised 04-08-24

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 _____ Auditory R _____ L _____ Corrected Vision R_____ L_____

Date of last dental check-up _____ Name of dentist _____ Copy of dental visit _____

	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

Revised 04-08-24