



PHYSICIAN'S REPORT

TO THE PARENT:

Please complete the top section of this form and send it directly to your child's current physician. It is understood that the information released will remain confidential.

Student's Name _____ Student's current grade _____

Parent's Signature _____ Date _____

TO THE PHYSICIAN:

The above named student has applied for admission to the **GREENVILLE LEARNING CENTER**. We would appreciate any information that you may be able to share with us.

1. Medical History

Serious illnesses _____

Hospitalizations _____

Accidents _____

Allergies _____

Physical handicaps _____

Seizure disorder _____

Asthma _____

2. Medications

Please list any medications and dosages currently given for ADD, ADHA, seizures, or any disorder of a similar nature:

Is the child currently on any other type of medication? Yes No

For what reason(s)? _____

3. Immunization Record

Vaccine	Date	Date	Date	Date
DPT (3)				
TD or Tetanus				
Polio, oral (3)				
Rubeola (measles) mo/day/yr				
Rubella (German measles)				
Mumps				

4. Date of most recent physical examination _____

5. Additional Remarks:

Physician's Name _____

Address _____

Telephone _____ **Date** _____

Physician's Signature

After completion, please return this form directly to:

Director
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