

MEDICAL REPORT ON CHILD

(To Be Completed By The Paediatrician/Medical Practitioner)

1 Particulars of Child

Name : _____
Sex : _____ Date of Birth : _____ Age : _____
Father's/Guardian's Name : _____
Address : _____

2 Birth History

Gestation: _____
Mode of Delivery _____ Birth Weight: _____
Complications Of Pregnancy:
Antenatal : _____
Prenatal : _____
Postnatal : _____

3 Health

(a) Immunization	(b) Past Illness
B.C.G. _____	Meninggitis _____
Hepatitis _____	Encephalitis _____
Polio _____	High Fever _____
Measles _____	Coma _____
Triples _____	
Boosters _____	

4 Fits. Yes/No. If yes, Type of Fits _____

Medication, if any: _____

5 Hyperkinesis: Yes/No

Medication, if any: _____

6 Examination

General Condition _____	Height _____ Percentile
Heart _____	Weight _____ Percentile
Lungs _____	C.N.S. _____
Abdomen _____	Nutrition _____
Diagnosis of Child _____	
Associated Medical Problems _____	
