

Document Title: Medical Report - Children

Document ID: 2

Sections:

1. Patient Information

- Name, Age, Gender, Parent/Guardian Info

2. Vital Signs

- Temperature, Heart Rate, Height, Weight

3. Immunization Record

- Vaccination Name, Date, Next Dose Due

4. Developmental Milestones

- Language, Motor Skills, Social Behavior

5. Pediatric Concerns

- Allergies, Frequent Illnesses, Diet Notes

6. Doctor's Recommendations

- Growth Advice, Nutrition Plan, Specialist Referral