

CHILD'S MEDICAL STATEMENT

This is to certify that (child's name) _____

Date of Birth _____ was examined by me on (date) _____

1.) Has had the immunizations required by Section 3313.671 of the Revised Code for admission to school, or has had the immunizations required by the State Department of Health for infants and toddlers, or is to be exempted from these requirements for medical reasons.

Immunization Record: (Please enter month, day and year)

DPT: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

POLIO: 1 _____ 2 _____ 3 _____ 4 _____

HIB: 1 _____ 2 _____ 3 _____ 4 _____

HEP B: 1 _____ 2 _____ 3 _____

MEASLES/MUMPS/RUBELLA (usually combined as MMR) _____

If separate, MEASLES _____ MUMPS _____ RUBELLA _____

*** The 5th DPT and the 4th Polio are normally administered just prior to Kindergarten.**

2.) Based upon his/her medical history and physical condition at the time of this examination, is free from all apparent communicable disease and is in suitable condition for enrollment in a child care facility.

Physician Signature: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____