

**Ohio Department of Education
Division of Educational Services
Early Childhood Education Section**

Child's Medical Statement

This is to certify that I have examined (Child's Name) _____

on the (Date) _____ and have found that he/she:

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

Immunization Record. Enter month/day/year of each immunization.

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

POLIO: 1 _____ 2 _____ 3 _____ *4 _____

HIB. VAC. 1 _____ 2 _____ 3 _____ 4 _____

Hepatitis B 1 _____ 2 _____ 3 _____

VARICELLA _____ (if received)

Measles, mumps, rubella--usually combined as MMR 1 _____ *2 _____

If separate, measles _____, mumps _____, rubella _____

*The 5th DTP, 4th polio, and 2nd MMR should be administered just prior to kindergarten or school entrance.

- 2) is free from apparent communicable disease and is in suitable condition to attend a preschool program, based on his/her medical history and physical condition at the time of this examination.

Physician's Signature	
Physician's Name	
Address	
City, State, Zip	
Phone	
Parent Name	
Child's Birth Date	