

**OHIO DEPARTMENT OF EDUCATION  
DIVISION OF EDUCATION SERVICES  
EARLY CHILDHOOD EDUCATION SECTION**

**CHILD'S MEDICAL STATEMENT**

This is to certify that I have examined \_\_\_\_\_  
(child's name)

on \_\_\_\_\_ and have found that he/she:  
(date)

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 or toddlers, or

\_\_\_\_\_ is to be exempted from these requirements for medical or religious reasons.

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.

Copy of Immunization Record is to be given to the school.

Physician Name (Print) \_\_\_\_\_

Physician Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Child's Birthdate \_\_\_\_\_