



Saint Mary
of the snows
Catholic
School

**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 If 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 _____

◆
SHAPING
THE MIND, BODY
AND SPIRIT OF
TOMORROW'S
LEADERS
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