

## CHILD'S MEDICAL STATEMENT

This is to certify that I have examined (child's name) \_\_\_\_\_ on  
(date) \_\_\_\_\_ and have found that he/she:

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: Enter month/day/year of each immunization.

DPT	1)	2)	3)	4)	5)
POLIO	1)	2)	3)	4)	
HIB	1)	2)	3)	4)	
MEASLES, MUMPS, RUBELLA (MMR)			1)	2)	
HEPATITIS B	1)	2)	3)		
VARIVAX					
IF CHILD HAD CHICKENPOX, DATE OF DISEASE varicella					

2. based upon his/her medical history and physical condition at the time of this examination, is free from apparent communicable disease and is in suitable condition for enrollment into this facility.

<b>Physician's Signature:</b>	
<b>Street Address:</b>	
<b>City, State, and Zip Code:</b>	
<b>Telephone Number:</b>	
<b>Child's Birthdate:</b>	