



OHIO DEPARTMENT OF EDUCATION  
DIVISION OF EDUCATIONAL SERVICES  
EARLY CHILDHOOD SECTION

## ST. HENRY SCHOOLS 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 Revised Code for admission to school, or has had the immunizations required by the State of Department of Health for infants and toddlers, or is to be exempted from these requirements for medical reasons.

### **Attach a copy of the child's immunization record.**

- 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 to attend a preschool program.

\_\_\_\_\_  
(Physician's name)

\_\_\_\_\_  
(Parent's name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(Child's birthdate)

\_\_\_\_\_  
(City, state, zip code)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Physician's signature)