

Child's Medical Statement

Child's Name (please print)	Date of Birth
Parent's Name (please print)	Date of Exam

THIS IS TO CERTIFY THAT I HAVE EXAMINED THIS CHILD AND HAVE FOUND THAT:

1. THIS CHILD HAS HAD THE IMMUNIZATIONS REQUIRED BY SECTION 3313.671 OF THE REVISED CODE FOR ADMISSION TO SCHOOL, OR IS TO BE EXEMPTED FROM THESE REQUIREMENTS FOR MEDICAL REASONS.

VACCINE	DOSE1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
DTP (5)					(1)
IPV (4)				(1)	
HBV (3)					
MMR (2)		(1)			
HIB (3)					

2. THIS CHILD HAS BEEN GIVEN A TB TEST. DATE _____ RESULTS _____ IF POSITIVE, WHAT IS THE CONTAGIOUS PERIOD AND TREATMENT:

3. BASED UPON MEDICAL HISTORY AND PHYSICAL CONDITION AT THE TIME OF THIS EXAM, THIS CHILD IS FREE FROM APPARENT COMMUNICABLE DISEASES AND IS IN SUITABLE CONDITION TO BE AT SCHOOL.

LIST ANY HANDICAPS, ALLERGY, OR SPECIAL HEALTH CONDITION OF THE CHILD:

INDICATE ANY LIMITATIONS OR MODIFICATIONS OF THE CHILD'S PARTICIPATION IN DAILY SCHOOL ACTIVITIES OR ANY SPECIAL TREATMENTS:

Physician's Name (please print)	PIN No.	Telephone Number
Street Address		
City, State, Zip code		
Physician's Signature	Date of Physician's Signature	