

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

CHILD'S MEDICAL STATEMENT

This is to certify that I have examined _____ on _____ and have found that s/he:
(Child's Name) (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 and toddlers, or _____ is to be exempted from these requirements for medical or religious reasons.

IMMUNIZATION RECORD: Enter month/day/year of each immunization.

HEP B	1	2	3		
DTP	1	2	3	4	5*
POLIO	1	2	3	4*	
MMR**	1				
HIB	1				
ROTAVIRUS (RECOMMENDED)	1	2	3		

** If measles, mumps, rubella not given as MMR, give dates for each immunization:

Measles _____ Mumps _____ Rubella _____

*The 5th DTP and 4th Polio should be administered just prior to preschool or school entrance.

- 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.

Physician's Signature	
Physician Name (Please Print)	
Address	
City, State, Zip Code	
Phone	
Parent Name	
Child's Birth Date	

This is a sample form provided by the Ohio Department of Education that may be used to meet the requirements of Rule 3301-37-05A, C(1) and C(3) of the Ohio Administrative Code.