

**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  
(CHILD'S NAME) (DATE)  
 have found that she/he:

- 1) has had the immunizations required by SECTION 3313.671 of the OHIO REVISED CODE for admissions to school, or has had the immunizations required by the OHIO DEPARTMENT OF HEALTH for infants and toddlers, or \_\_\_\_\_ is to 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 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 Birthdate	