OHIO DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION

CHILD'S MEDICAL STATEMENT

THIS IS TO CERTIFY THAT I HAVE EXAMINED:

Child's Name	**CHILD'S DOB:**
Date of Examination	

1. HAS HAD THE IMMUNIZATIONS REQURED BY SECTION 3313.671 OF THE OHIO REVISED CODE FOR ADMISSION TO SCHOOL, OR HAS HAD THE IMMUNIZATIONS REQURED BY THE OHIO DEPARTMENT OF HEALTH FOR INFANTS AND TODDLERS, OR ________________ IS TO BE EXEMPTED FROM THESE REQUIREMENTS FOR MEDICAL OR RELIGIOUS REASONS.

2. **IMMUNIZATION RECORD:** ENTER MONTH/DAY/YEAR OF EACH IMMUNIZATION. (THIS INFORMATION IS REQURED PRIOR TO THE FIRST DAY OF ATTENDANCE.)

DTP	1.	2.	3.	4.	5*	5TH DOSE REQUIRED PRIOR TO KINDERGARTEN
POLIO (IPV/IPV)	1.	2.	3.	4*		4TH DOSE REQUIRED PRIOR TO KINDERGARTEN
MMR*	1.	2.	MEASLES	MUMPS	RUBELLA	2ND DOSE REQUIRED PRIOR TO KINDERGARTEN
HEPATITIS B	1.	2.	3.			
VARICELLA**	1.	2.				REQUIRED KINDERGARTEN THRU
HIB	1	2.	3.	4.		0-14 MONTHS: 3-4 DOSES 15-59 MONTHS 1 DOSE

* IF MEASLES, MUMPS, RUBELLA NOT GIVEN AS MMR, GIVE DATES FOR EACH IMMUNIZATION.
** RECOMMENDED IF CHILD HAS NOT RECEIVED CHICKEN POX.

* REQUIRED SCREENINGS: PLEASE INDICATE THE RESULTS OF ANY SCREENINGS.

SCREENING	DATE	RESULTS	REASONS NOT COMPLETED	FOLLOW-UP REQUIRED? (WHEN)
Vision (@ 2yrs beg. at age 3)				
Hearing (@ 2 yrs. beg. at age 3)				
Speech				
Height				
Weight				
Lead Screening			☐ Not At Risk ☐ Not Indicated	
Hematocrit or Hemoglobin Screening			☐ Not At Risk ☐ Not Indicated	

SEE OVER >

ACCORDING TO RULE 3301-37-05A, THE MEDICAL STATEMENT IS REQUIRED NO LATER THAN 30 DAYS AFTER ADMISSION. FOR 3 YEAR OLDS, EXAMINATION SHOULD BE WITHIN 6 MONTHS PRIOR TO ADMISSION. FOR 4 YEAR OLDS, IT SHOULD BE WITHIN 12 MONTHS PRIOR TO ADMISSION

PHYSICAL ASSESSMENT: DID THE EXAMINATION REVEAL ANY ABNORMALITIES IN THE FOLLOWING AREAS?

	YES	NO	FINDINGS
General Appearance			
Skin			
Lymph Nodes			
Eyes			
Ears			
Nose/Throat			
Teeth/Gums/Tongue/Palate			
Heart			Blood Pressure:
Lungs			
Abdomen			
Genitals			
Skeletal system			
Neuro Muscular			
Allergies			Type: Treatment:

LIST ANY FOOD SUPPLEMENTS OR MODIFIED DIETS CURRENTLY REQUIRED:

MEDICATION CHILD IS RECEIVING PRESENTLY:

3. 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 OR STAMP	DATE:
PHYSICIAN NAME (PRINT)	
PHYSICIAN ADDRESS CITY, STATE, ZIP CODE	
PHYSICIAN PHONE	
PARENT(S)/GUARDIAN NAME	
CHILD'S BIRTHDATE	

A MEDICAL STATEMENT IS REQUIRED ANNUALLY. IT MAY BE COMPLETED ON AN ANNUAL SCHEDULE ACCORDING TO THE INITIAL EXAMINATION DATE OR IT MAY BE COMPELTED ON A SCHEDULE AS REQURED BY THE PROGRAM FOR ANNUAL UPDATES. IT MUST BE CURRENT FOR THE CHILD'S ENROLLMENT YEAR (WITHIN THE PAST 12 MONTHS).

AH: 5/11