



Preschool/Pre-Kindergarten  
Child Medical Statement

**Child's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

This is to certify that I have examined \_\_\_\_\_, on  
\_\_\_\_\_ (Date)  
(Child's Name)  
, and have found that he or she:

- 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 Department of Health, or is exempted from the requirements for medical reasons. **Please attach an updated immunization record - this is required.**
- 2.) Exempt for the following reason: \_\_\_\_\_  
\_\_\_\_\_
- 3.) Based on 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 school.

Physician Name (Please Print) \_\_\_\_\_

Physician Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*\*Please attach immunization form\*\***