

## CHILD'S MEDICAL STATEMENT

Child's Name (print or type)	Date of Birth
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A. This is to certify that I have examined this child and have found that this child 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 according to the child's age, **or** is to be exempted from these requirements for medical reasons.

Please note exemptions \_\_\_\_\_

REQUIRED IMMUNIZATIONS (enter month, day and year)					
VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
Diphtheria, Tetanus, Pertussis (DPT)					
Hepatitis B (Hep B)					
Haemophilus Influenza type B (HIB)					
Measles, Mumps, Rubella (MMR)					
Polio					
Varicella Zoster (Chicken Pox)					
Hepatitis A					

B. Based on medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.

C. List any limitations or health conditions \_\_\_\_\_

\_\_\_\_\_

Signature of examining Physician/Certified Nurse Practitioner	Date of Examination
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As required by Rules 5101:2-12-37 and 5101:2-13-37, the child must be examined within 12 months prior to the date of admission.

Name of Physician/Certified Nurse Practitioner	Telephone Number (     )
Street Address	
City, State and Zip Code	

*This form must be completed by a physician and returned to RecSchool within 30 days of the child's first day in the program.*

Please FAX my child's medical records to Michele Demmy to ensure enrollment in the RecSchool preschool program.

**Forms can be sent by fax to 614-277-1589**  
**Attn: Michele Demmy, Grove City Parks and Recreation**

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Parent's Signature