CHILD MEDICAL STATEMENT

Catholic Diocese of Youngstown
Office of Catholic Schools
St. Peter School

Child's Name ____________________________________ Date of Birth __________________

Height _______________ Weight _______________ BP ______________

This is to certify that I have examined ______________________________________ and have found that he/she:

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 exempted from these requirements form medical or religious reasons.
IMMUNIZATION RECORD: Enter month/day/year of each immunization below or attach a copy of the record.

Limitations of health condition (including allergies, medications, dietary restrictions)

HEP B
DTP
POLIO
MMR
HIB
Varicella

*the 5th DTP and 4th Polio should be administered just prior to preschool or school entrance.
* Only one HIB required if given after 15 months of age. Please indicate if 4th HIB is not required.

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.

Immunizations		
Complete for age	Yes	No
In Process	Yes	No

Exempt from Immunizations		
Religious conviction	Yes	No
Health concern	Yes	No
Other		

This child has been examined and is in suitable condition to participate in group care.

Signature of examining Physician/Physicians Assistant or Advanced Practice Nurse (circle one) Address: Phone	Date of Exam

Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program. Optional for other Preschools.

Assessments/Screenings	Completed	Date completed	Reason not completed
Vision	Yes No		
Hearing	Yes No		
Dental	Yes No		
Lead	Yes No		
Hemoglobin	Yes No		

Parental Consent for Release of this medical statement:

I, the legal guardian, authorize the release of this medical statement to St. Peter School

X____ __________________________

Signature of Legal Parent/Guardian **Date Signed**

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.