

Olentangy Preschool

CHILD'S MEDICAL STATEMENT FOR ENROLLMENT

FORM MUST BE PROVIDED UPON ENTRANCE INTO THE PRESCHOOL PROGRAM

Child's Name: _____ Date of Birth: _____

This form must be completed or a copy of immunization records can be provided.

This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations recommended by the Ohio State Department of Health for infants and toddlers or is to be exempted from these requirements for medical, philosophical, or religious reasons.

Immunizations (enter month, day and year) or attach a copy of immunization record:

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
Hep A					
Hep B					
DtaP					
Influenza					
Polio					
Pneumococcal					
MMR					
HIB					
Varicella					
Rotavirus					

If separate, measles _____, mumps _____, rubella _____

Physician's Name (please print)

City, State, Zip Code

Physician's Street Address

Physician's Phone Number

**Return to your preschool building nurse
OR fax to 740-657-4696**