



Student Medical Statement

(Per the Ohio Department of Education-Early Learning Program Guidelines for Incoming Preschoolers)

Child's Name _____ Gender: _____ Birth Date: _____
Address: _____ Ph: _____
Name of Parent(s)/Guardian(s): _____
Date of Exam: _____

Immunizations

This child has had all immunizations required by the State Department of Health for infants and toddlers. (**Please attach Immunization records**)

This child is to be exempt from the requirements for medical reasons.
(**Please attach documentation of exemption**)

Lab Tests

Please record date and result of following exams. If not performed, please explain.

HgB/HCT: _____

PPD: _____

Sickle Cell Screen: _____

Lead Screen: _____

Physical Examination

Date of Exam: _____

Height (ft/in): _____ Weight (lbs): _____

Visual Acuity R: _____ L: _____ OU: _____

Hearing (db) R: _____ L: _____

Please check one:

Physical exam completed, no abnormalities found.

Abnormalities found on physical exam (please attach note detailing findings)

Referral made to (please explain reason for referral)

Based upon the medical history and physical condition at the time of this examination, this child is free from apparent communicable diseases and is in suitable condition to receive child care.

Date: _____ Doctor's Printed Name: _____

Doctor's Signature/Stamp: _____

Doctor's Address and Phone Number: _____