

## Allen East Preschool Medical Statement Form

Child's Name	Date of Birth
<ul style="list-style-type: none"> <li>✓ This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.</li> <li>✓ This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note and exceptions below).</li> <li>✓ Based on his/her medical history and physical condition at the time of examination, this child is free from apparent communicable disease and is in suitable condition for enrollment in a preschool program. As required by Rules 5101:2-12-37 and 5101-2-13-37, the child must be examined within <b><u>thirteen months</u></b> prior to the dates of admission.</li> <li>✓ This is to certify that I have examined this child and found that: This child has had the immunizations required by section 3313.571 ORC 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 or religious reasons.</li> </ul>	
<b>Signature</b> of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse	Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse//Certified Nurse	Telephone Number
Street Address	
City, State and Zip Code	

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES AND DOSES OF ALL IMMUNIZATIONS**

<p><b>Exceptions to Immunization requirements pursuant to 5104.014 ORC</b> (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).</p>     	
<input type="checkbox"/> I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the ORC. Please note disease above and sign.	
Signature of Parent	Date of Signature
<p style="text-align: center;"><b>Physical/Medical Diagnosis</b></p> <p>Weight _____ Height _____</p>	

Gross Motor Skills Within Normal Limits Yes No (specify) \_\_\_\_\_

Fine Motor Skills Within Normal Limits Yes No (specify) \_\_\_\_\_

Communication/Speech Concerns noted Concerns \_\_\_\_\_

General Neurological Findings: Muscle Power \_\_\_\_\_ Muscle Tone \_\_\_\_\_ Cranial Nerves \_\_\_\_\_ Gait \_\_\_\_\_  
 Station \_\_\_\_\_ Reflexes \_\_\_\_\_

Vision Within Normal Limits Yes No (specify concerns) \_\_\_\_\_

Hearing Within Normal Limits Yes No (specify concerns) \_\_\_\_\_

Childhood Diseases \_\_\_\_\_

Chronic Illness/Hospitalization \_\_\_\_\_

Allergies/Specific Precautions and/or Treatments \_\_\_\_\_

Current Medications/Modified Diet \_\_\_\_\_

**Diagnosis: If child has been specifically diagnosed with any of the following, please note where the evaluation took place and the date of diagnosis.**

Attention Disorders	_____	_____	_____
	Specify	Place of Evaluation	Date
Autism Spectrum	_____	_____	_____
	Specify	Place of Evaluation	Date
Mood Disorder	_____	_____	_____
	Specify	Place of Evaluation	Date
Anxiety Disorder	_____	_____	_____
	Specify	Place of Evaluation	Date
Neurological Impairments	_____	_____	_____
	Specify	Place of Evaluation	Date
Orthopedic Impairments	_____	_____	_____
	Specify	Place of Evaluation	Date
Syndromes	_____	_____	_____
	Specify	Place of Evaluation	Date

\* A physical is an annual requirement to be enrolled in preschool. It is helpful if the physical form is not completed until June or after to get the child through a school calendar year without having to renew during the school year.