Delphos City Schools Preschool
901 Wildcat Lane
Delphos, OH 45833
www.delphoscityschools.org
Stephanie Braun, Preschool Director
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419-695-1786 ext. 450
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Child's Medical Statement for Enrollment

This form must be provided by the first day of school

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. This form will need to be updated annually.

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 **Phone Number**

_____ _____
Physician's Street Address **City, State, Zip**

Office Use: Date Received: _____