

Peaceful Children Montessori School
CHILD MEDICAL STATEMENT

Child's Name	Date of Birth
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This is to certify all of the following:

- I have examined this child and found that he or she is in suitable condition for school attendance.
- The child has had the age appropriate immunizations recommended by the Ohio Department of Health.
- My office has entered the child's immunizations record below or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons: _____

List any limitations or health conditions for this child (including allergies, daily medication, dietary restrictions) _____

Immunizations (enter month, date, and year)					
Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					
The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.					

Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date Examination
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Ohio Administrative Code rules 5101:2-12-37 and 5101-2-13-37 require that this examination be given no more than twelve months prior to the date of admission.

Name of Physician/Physician's Assistant/Advanced Nurse Practitioner	Telephone Number
Street Address	
City, State, and Zip Code	