



The GOOD SHEPHERD
CATHOLIC
MONTESSORI

4460 Berwick Street, Cincinnati, Ohio 45227

CHILD'S MEDICAL STATEMENT

This is to certify that I have examined (child's name) _____ on
 (date) _____ and have found that he/she:

1. has had the immunizations required by section 3313:671 of the Revised Code for admission to school, or has had the immunizations required by the state department of health for infants and toddlers, or is to be exempted from these requirements for medical reasons.

Immunization Record: Enter month/day/year of each immunization (or attach generic form)

| | | | | | |
|--|----|----|----|----|----|
| DPT | 1) | 2) | 3) | 4) | 5) |
| POLIO | 1) | 2) | 3) | 4) | |
| HIB | 1) | 2) | 3) | 4) | |
| MEASLES, MUMPS, RUBELLA (MMR) | | | 1) | 2) | |
| HEPATITIS B | 1) | 2) | 3) | | |
| VARIVAX | | | | | |
| IF CHILD HAD CHICKENPOX, DATE OF DISEASE varicella | | | | | |

2. based upon his/her medical history and physical condition at the time of this examination, is free from apparent communicable disease and is in suitable condition for enrollment into this facility.

| | |
|-----------------------------------|--|
| Physician's Signature: | |
| Street Address: | |
| City, State, and Zip Code: | |
| Telephone Number: | |
| Child's Birthdate: | |

****Please return on or before first day of school. Must be updated yearly through kindergarten.**