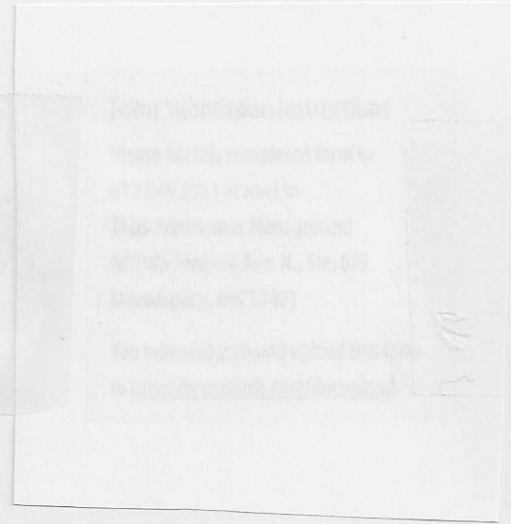


**IMMACULATE CONCEPTION SCHOOL**  
200 W. Wayne Street  
Celina, Ohio 45822  
419-586-2379



OHIO DEPARTMENT OF EDUCATION  
DIVISION OF EARLY CHILDHOOD EDUCATION  
EARLY CHILDHOOD EDUCATION SECTION

**CHILD'S MEDICAL STATEMENT**

This is to certify that I have examined

\_\_\_\_\_ on \_\_\_\_\_ and have found that he/she:  
(Child's Name) (Date)

1. Has had the immunizations required by SECTION 3313.671 of the OHIO REVISED CODE for admission to school, or has had the immunizations required by the OHIO DEPARTMENT OF HEALTH for infants and toddlers, or \_\_\_\_\_ is to be exempted from these requirements for medical or religious reasons.
2. Is free from apparent communicable disease and is in suitable condition to attend a preschool program, based on his / her medical history and physical condition at the time of this examination.

DATE:	
PHYSICIAN'S SIGNATURE OR STAMP:	
PHYSICIAN NAME (PRINT):	
PHYSICIAN ADDRESS: CITY, STATE, ZIP CODE	
PHYSICIAN PHONE:	
PARENT(S) / GUARDIAN NAME:	
CHILD'S BIRTHDATE:	

A MEDICAL STATEMENT IS REQUIRED ANNUALLY. IT MUST BE CURRENT FOR THE CHILD'S ENROLLMENT YEAR (WITHIN THE PAST 12 MONTHS).

**\*\*A copy of the child's immunization record is required with this form.**