



This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Child Medical Information

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

| Immunizations:   |  | Exempt from Immunization: |  |
|------------------|--|---------------------------|--|
| Complete for Age | <input type="radio"/> Yes <input type="radio"/> No | Religious Conviction      | <input type="radio"/> Yes <input type="radio"/> No |
| In Process       | <input type="radio"/> Yes <input type="radio"/> No | Health                    | <input type="radio"/> Yes <input type="radio"/> No |
|                  |  | Other                     | _____  |

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Large empty box for text entry.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name \_\_\_\_\_ Provider Address \_\_\_\_\_

Provider Phone Number \_\_\_\_\_ Provider City \_\_\_\_\_ Provider State \_\_\_\_\_ Provider Zip \_\_\_\_\_

Check box of examining medical professional:

- Physician
- Physician's Assistant
- Advanced Practice Nurse

*This child has been examined and is in suitable condition to participate in group care.*

Signature of Medical Professional \_\_\_\_\_ Date of Exam \_\_\_\_\_

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Please completed section 1 or 2**

**1. Immunizations:**

Please attach a current copy of the immunization record or complete the following section. A copy of immunizations must be kept on file for children to attend preschool.

DTP \_\_\_\_\_

POLIO \_\_\_\_\_

MMR \_\_\_\_\_

HEP B \_\_\_\_\_

VARICELLA \_\_\_\_\_

HIB \_\_\_\_\_

OTHER \_\_\_\_\_

**2. Exemption:**

Please complete the following section if you have chosen not to have your child immunized.

LEGAL IMMUNIZATION EXEMPTION Per OHIO STATUTE 3313.671 (Exemptions) Religious, Good Cause, and Medical Exemption Form Amended Substitute Senate Bill No. 282. Ohio Revised Code. Sections 3313.671. Pat (3) and (4) Section 3313.671, part (3): A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized. Section 3313.671 part (4): A child whose physician certifies in writing that such immunization against my disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under it jurisdiction.

I understand that the immunization Law permits me to sign a waiver on my child taking the immunization. I hereby object and request the school to waiver the immunization of my child against the following:

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, that the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary not only to protect this student. but the remainder of the students and faculty of the school.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_