

**St. Brendan School**  
4242 Brendan Lane  
North Olmsted, Ohio 44070  
Phone: 440.777.8433 / Fax: 440.779.7997

**Child's Preschool Medical Statement**  
**PHYSICIAN FORM**  
20 \_\_\_\_ - 20 \_\_\_\_

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

1. Has had the immunization 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.

Immunization Record. Enter month / day / year of each immunization.

DPT:            1 \_\_\_\_\_    2 \_\_\_\_\_    3 \_\_\_\_\_    4 \_\_\_\_\_    \*5 \_\_\_\_\_

POLIO:        1 \_\_\_\_\_    2 \_\_\_\_\_    3 \_\_\_\_\_    4 \_\_\_\_\_

MEASLES, MUMPS, RUBELLA (usually combined as MMR):    1 \_\_\_\_\_    \*2 \_\_\_\_\_

If separate,    measles \_\_\_\_\_,    mumps \_\_\_\_\_,    rubella \_\_\_\_\_

\* Usually administered just prior to Preschool or school entrances.

\_\_\_\_\_ Hepatitis B    1 \_\_\_\_\_    2 \_\_\_\_\_    3 \_\_\_\_\_

\_\_\_\_\_ Hib            1 \_\_\_\_\_    2 \_\_\_\_\_    3 \_\_\_\_\_    4 \_\_\_\_\_    5 \_\_\_\_\_

\_\_\_\_\_ Chicken Pox

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.

Physician's Name (Please Print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_