

OHIO DEPARTMENT OF EDUCATION
DIVISION OF EDUCATION SERVICES
EARLY CHILDHOOD SECTION

This is to certify that I have examined _____
Child's name and date of birth

and have found that he/she:

1) has had the immunization 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.

IMMUNIZATIONS RECORD (Enter month/day/year of each immunization.)

DPT: 1 _____ 2 _____ 3 _____ 4 _____ *5 _____

POLIO: 1 _____ 2 _____ 3 _____ *4 _____

MEASLES, MUMPS, RUBELLA (usually combined) _____

If separate, Measles _____ Mumps _____ Rubella _____

HEPATITIS B: 1 _____ 2 _____ 3 _____

HIB 1 _____ 2 _____ 3 _____ 4 _____

*The 5th DPT and 4th Polio are normally administered just prior to kindergarten.

2) Please list any medications, illness, allergies, treatment of said allergies, or any chronic physical problems or any other medical information school authorities need to be aware of:

3) 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 to attend school.

Physician's name

Physician's Signature

Physician's address

Physician's phone

Date