

Office of Early Learning and School Readiness Child Medical Statement

Revised 7/11/2016

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

Child's Name			
Date of Birth	Height Weight	t	
Immunizations:		Exempt from Immunization	on:
Complete for Age	○Yes ○No	Religious Conviction	○Yes ○No
In Process	○Yes ○No	Health	⊖Yes ⊝ No
		Other	
Limitations or health condition	ns, including allergies, medication	ons, and dietary restrictions.	
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