Ohio | Department of Education

Office of Early Learning and School Readiness

Child Medical Statement

This form must be completed by a Medical Professional and returned with a copy of child's immunization records, by the first day of class, to: St. John School, 321 North Market St., Logan, Ohio 43138.
Phone # 740-385-2767 Fax # 740-216-4509

Section I – Child Medical Information

Child's Name _____

Date of Birth _____ Height _____ Weight _____

Immunizations:			Exempt from Immunization:		
Complete for Age	○ Yes	○ No	Religious conviction	○ Yes	○ No
In Process	○ Yes	○ No	Heath	○ Yes	○ No
			Other _____		

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

Section II – Child Medical Statement Verification

Physician/Clinic/Hospital Name _____

Providers Address _____

Providers Phone Number _____

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 - _____