

**LEBANON CHRISTIAN SCHOOL
PRESCHOOL / PRE-KINDERGARTEN
CHILD'S MEDICAL STATEMENT**

Child's Name: _____

Date of Birth: _____

This is to certify that I have examined _____,
(Child's name)

on _____, and have found that he or she:
(Date)

1) has had the immunizations 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, or is exempted from these requirements for medical reasons. **Please attach an updated immunization record—this is required.**

2) Exempt for the following reason: _____

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 Name (please print): _____

Physician Signature: _____

Address: _____

Phone Number: _____

****Please attach an updated immunization form**