

CHILD'S MEDICAL STATEMENT



CHAMPIONS
Extended Learning

Champions Preschool @ TLC/Morrison
2131 Timber Lane, Dayton, OH 45414
Phone : 937-424-1800 Fax 937-278-3089

Child's Name _____ Date of Birth ____/____/____

Parent's Name _____ Phone Number _____

EXAMINATION *Did the examination reveal any abnormalities in the following areas?*

Area	Yes/No	Description	Area	Yes/No	Description
Heart			Lungs		
Throat			Skin		
Ears			Eyes		
Nose			Genitalia		

PHYSICIAN'S CERTIFICATION

Does this child have Asthma? _____ Special Treatment _____

Does this child have any physical, developmental or behavioral problems? Suggest special programs, placement or attention that the school might provide?

Allergies

Please list and describe allergies or reactions.

Medications/drugs _____

Foods/plants/animals/other _____

Recommended treatment if allergy is severe _____

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

Has had the immunizations required by Section 3313.671 of the Revised Code for admission to school, or has had the immunization required by the state health department, or is to be exempted from these requirements for medical reasons.

Based upon his/her medical history and physical condition at the time of this examination, he/she is free from apparent communicable disease and is in suitable condition for enrollment in a childcare facility.

Physician's Signature _____

Address _____

Phone Number _____ Fax Number _____

ADDITIONAL INFORMATION ON THE BACK

Immunizations

TYPE	DATE MO/DAY/YR			
DtaP DPT or DT				5 th dose required if 4 th dose given before age 4
DT/Td				
POLIO				4 th dose recommended. Required unless 3 rd dose given after 4 th B-day
MMR				2 nd dose required for K; 2 nd dose required for gr 7-12
HEPATITIS B				Required K-1
HEPATITIS A				
VARICELLA				Physician or parent note indicating history of disease or vaccine.
HIB (prior to age 5 only)				0-14 months: 3-4 doses; 15-59 months: 1 dose
ROTAVIRUS (GIVEN @ 2-4-6 MO, NOT AFTER 12 MONTHS)				
TUBERCULIN TEST				
MCV4, MPSV4				
PCB				
INFLUENZA				
OTHER				