

Mid-East Children's Learning Center Medical Statement/Physical Form

Parent/Guardian: A physical exam is a requirement of the Ohio Department of Education for Preschool Licensing. This exam is to be completed by your **CHILD'S PHYSICIAN**

I authorize my child's physician to release this completed form to Mid-East Children's Learning Center Preschool. Please fax to: 740-454-0723, Attn: Children's Learning Center. I understand that the requestor will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and the Health Privacy Act (including HIPPA).

Parent/Guardian Signature

Date

FORM TO BE COMPLETED BY PHYSICIAN:

Childs' Name _____ Date of Birth _____

Height _____ Weight _____

Limitations or health condition (including allergies, medications, dietary restrictions)

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| Immunizations | Please circle one | |
|------------------|-------------------|----|
| Complete for age | Yes | No |
| In Process | Yes | No |

| Exempt from Immunizations | Please circle one | |
|---------------------------|-------------------|----|
| Religious conviction | Yes | No |
| Health concern | Yes | No |
| Other: _____ | | |

PLEASE ATTACH A COPY OF IMMUNIZATIONS

| Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program | | | | Reason not completed (Check which applies) | |
|---|--------------------------------|----|----------------|--|---|
| Assessments/Screenings | Completed Please circle one | | Date Completed | Health professional decision | Examples: religious conviction, insurance coverage, other |
| Vision | Yes | No | | | |
| Hearing | Yes | No | | | |
| Dental | Yes | No | | | |
| Lead | Yes | No | | | |
| Hemoglobin | Yes | No | | | |

This child has been examined and is in suitable condition to participate in group care :

| | |
|--|---|
| <p>Signature of examining Physician: (REQUIRED)</p> <p>Address: Phone:</p> | <p>Date of exam : (REQUIRED)</p> |
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