

Mid-East Preschool 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 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)

Immunizations	Please circle one		Exempt from Immunizations	Please circle one	
Complete for age	Yes	No	Religious conviction	Yes	No
In Process	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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