



Child's Medical Statement

MEDICAL OFFICE USE ONLY

This is to certify that I, _____, on _____
Name of physician (date of exam)

examined (child's name) _____ DOB _____

and have found that he/she:

_____ has fulfilled the minimum immunizations required by *Ohio Law

or

_____ is to be exempted from the following vaccines

Vaccine(s) child is exempted from: _____

Based upon his/her medical history and physical condition at the time of this examination,
(child's name) _____ is free from apparent communicable disease and is in
suitable condition to be enrolled and is able to participate in physical activities at CMS.

Physician signature _____ Date Signed _____

Street Address _____ City _____

Zip Code _____ Phone# _____

PLEASE ATTACH A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORD

According to Canton Montessori policy, children enrolled in the Infant, Toddler and Preprimary Environments are required to have a physical examination annually. Examination date must reflect the current school year.

*The Ohio Department of Health requires that Ohio's Kindergarten students have a 2nd dose of the varicella (chickenpox) vaccine. Your child's pediatrician will be required to document this for your child if they are entering Kindergarten at Canton Montessori School.

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