



## 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 2<sup>nd</sup> 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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