

Cridersville Elementary Preschool  
 501 Reichelderfer Rd  
 Cridersville OH 45806



Wapakoneta Elementary Preschool  
 900 N Blackhoof St  
 Wapakoneta OH 45895

## CHILD'S MEDICAL STATEMENT FOR ENROLLMENT

**THIS FORM MUST BE PROVIDED BY THE FIRST DAY OF SCHOOL**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**This form must be completed or a copy of immunization records can be provided.**

This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations recommended by the Ohio State Department of Health for infants and toddlers or is to be exempted from these requirements for medical, philosophical, or religious reasons.

Immunizations (enter month, day and year) or attach a copy of immunization record:

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
Hep A					
Hep B					
DtaP					
Influenza					
Polio					
Pneumococcal					
MMR					
HIB					
Varicella					
Rotavirus					

If separate, measles \_\_\_\_\_, mumps \_\_\_\_\_, rebecca \_\_\_\_\_

\_\_\_\_\_  
 Physician's Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Physician's Street Address

\_\_\_\_\_  
 City, State, Zip