



St. Cecilia Early Childhood  
 Education Program  
 434 Norton Rd.  
 Columbus, Ohio 43228  
 614-878-0134 Office  
 614-878-0459 Fax

## Child Medical Statement

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

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


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 include a copy of the Immunization Record. \*\***

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

Signature of examining Physician/ Physicians Assistant or Advanced Practice Nurse (circle one)	Date of exam
Address :	
Phone:	