



CHILD MEDICAL STATEMENT

CHILD'S NAME

DATE OF BIRTH

HEIGHT

WEIGHT

DATE OF EXAMINATION

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

Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.

Physician's Name	Phone Number	
Address		
City	State	Zip Code
Physician's Signature	Date Signed	

OHIO Administrative Code rules require that for children 3 years old or older at the time of admission, the examination occur within 12 months prior to the date of admission.