

MONTESSORI SCHOOL OF DAYTON

Student Physician's Statement

Child's Name	Date of Birth
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This is to certify all of the following:

Check all that apply

- I have examined this child and found that he/she is in suitable condition for participation in a school setting.
- The child has had the age appropriate immunizations recommended by the Ohio Department of Health.
- OR**
- My office has found that this child has a medical contraindication and should be exempt from the immunizations checked below for the following reasons: _____

___ MMR ___ Polio ___ HIB ___ DTP ___ Hep B ___ Varicella

Section 3313.671, Part (B)(5): A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization.

List any limitations or health conditions for this child (including allergies, daily medication, dietary restrictions)

Any recommended assessments/screenings:

VISION: Yes No Date: _____
DENTAL: Yes No Date: _____
BMI: Yes No Date: _____

HEARING: Yes No Date: _____
LEAD: Yes No Date: _____
OTHER: Yes No Date: _____

ATTACH A COPY OF MOST RECENT IMMUNIZATION RECORD

Signature of Examining Physician/Physician's Assistant/Nurse Practitioner	Date of Examination
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Name of Physician/Physician's Assistant/Nurse Practitioner	Telephone
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Street Address

City, State & Zip Code

Ohio Administrative Code Rules 5101:2-12-37 and 5101:2-13-37 require that this examination be given no more than 12 months prior to the date of admission.

PARENTAL WAIVER FOR IMMUNIZATIONS

The above named student has not received immunizations against the specific disease(s) checked below. I, the parent or guardian of the above named student, hereby object to the immunization(s) listed for the following reasons:

___ Religious Convictions: Denomination _____

___ Reason of Conscience: Explanation _____

___ MMR ___ Polio ___ HIB ___ DTP ___ Hep B ___ Varicella

Section 3313.671, Part (B)(4): A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.

PARENT AGREEMENT

I understand that in the event of an outbreak of any disease checked above, the student named above will be subject to exclusion from school for the duration of the outbreak. Unless provided a statement, signed by a physician, verifying the student has had the disease in question, the student cannot attend school until at least two weeks after the last reported case occurs. (A physician diagnosed history of disease is accepted for measles and mumps only. A positive laboratory test is the only acceptable proof of having had rubella.) I have received appropriate information explaining the immunizations listed above and in regards to the benefits and risks of all listed immunizations. I am able to make an informed decision of not having my child immunized.

Parent's Signature

Date