

Cincinnati Waldorf School Medical Statement

Student Name: _____ Grade: _____

All students are required to have this form completed and signed by a physician regardless of immunization exemption. Forms should be dated within 12 months.

This is to certify that I examined (child) _____ (date of birth) _____ on (date) _____ and have found that the child has had the immunizations required by Section 3313.671 of the Revised Code for admission to school, or has had the immunizations required by the Ohio Department of Health for infants and toddlers, or is to be exempted from these requirements for medical or religious reasons.

Physician's Signature _____ Date _____

Print Physician's Name _____

Address _____

City-State-Zip _____

Telephone _____

IMMUNIZATION RECORD

DTP (Diphtheria, Tetanus, Pertussis) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Hepatitis B (HEP B) 1 _____ 2 _____ 3 _____

Polio 1 _____ 2 _____ 3 _____ 4 _____

MCV4 (Meningococcal) 1 _____ (Entering Grade 7 and up)

Covid19 Date of Dose 1 _____ Dose 2 _____ Booster(s) _____

MMR (Measles, Mumps, Rubella) 1 _____ 2 _____

*My child has had an active case of measles or mumps Yes _____ Year _____, No _____

Varicella (Chickenpox) 1 _____ 2 _____

*My child has had an active case of the chickenpox Yes _____ Year _____, No _____

Medical, Conscience/ Religious Immunization Exemption (State of Ohio Statute 3313.671)

• I hereby withdraw my consent to have my child, _____, inoculated for Medical _____ or Conscience/Religious _____ reasons. My beliefs prohibit such practices. This request is in accordance with The Ohio Purview for Exemption of Good Cause. This is to be filed as legal proof of my objection with my child's school Health Record.

Parent Signature _____ Date _____