



Department
of Education

Saint Brigid of Kildare Preschool
7175 Avery Road
Dublin, OH 43017
(614) 718-5825 phone
(614) 718-5831 fax

Office of Early Learning and School Readiness

Child Medical Statement

Childs' 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:	

Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program				Reason not completed (Check which applies)	
Assessments/Screenings	Completed Please circle one	Not Completed		Health professional decision	Examples: religious conviction, insurance coverage, other
Vision					
Hearir					
Dental					
Lead	Yes	No			
Hemoglobin	Yes	No			

This section is NOT required for St. Brigid of Kildare Preschool