

# CHILD MEDICAL STATEMENT

Child's Name ( <i>print or type</i> )	Date of Birth
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This is to certify all of the following:

\_\_\_ I have examined this child and found that he or she is in suitable condition for participation in group care.

\_\_\_ The child has had the age appropriate immunizations recommended by the Ohio Department of Health.

\_\_\_ My office has entered the child's immunizations record below or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Immunizations (enter month, day, and year)</i>					
	<i>Dose 1</i>	<i>Dose 2</i>	<i>Dose 3</i>	<i>Dose 4</i>	<i>Dose 5</i>
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (Chicken Pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					

The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.

<i>Assessments/Screenings</i>	<i>Date</i>	<i>Results</i>	<i>Assessments/Screenings</i>	<i>Date</i>	<i>Results</i>
Height			Vision		
Weight			Dental Screening		
Hematocrit (12 months)			Hearing Screening		
Lead (9-36 months)			Speech Screening		
BMI			Other		

Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date of Examination
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**Ohio Administrative Code rules 5101:2-12-37 and 5101:2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care center or type A home.**

Name of Physician/Physician's Assistant/Advanced Practice Nurse	Telephone Number
Street Address	
City, State and Zip Code	

Dear Parents,

Please have your child's health care provider complete the entire child medical form on the reverse side of this letter. It is important to your child's success as an early learner that all screenings are completed. Screenings rule out any physical problems that could interfere with learning.

Listed below is a brief summary of each screening and why it is important.

**Hematocrit:** This screening is to rule out anemia. Anemia is a condition where the body does not have enough red blood cells. Red blood cells carry oxygen. When the brain does not receive enough oxygen, the result could be learning delays.

**Lead:** A child can be poisoned by lead dust or chips of paint from older buildings. There are no obvious first symptoms of lead poisoning, but it could cause learning disabilities, anemia, kidney problems and other serious conditions. This screening is done by testing a small amount of your child's blood.

**Vision Screening:** Early problems can be detected and corrected. Good vision or corrected vision enables the child to use his/her sense of sight to learn about the world.

**Dental Exam:** By carefully monitoring your child's teeth, serious dental problems can be avoided. Your child's pediatrician can recommend a pediatric dentist.

**Hearing Test:** A child, who has trouble hearing, often has behavior issues and speech difficulties that interfere with overall learning.

**Speech and Language Screening:** This screening will help identify developmental delays which may interfere with learning.

A healthy child is a better learner. Together, we can provide your child with a good start for a lifetime of learning.

Sincerely,

Mini University, Inc

**Physicians can fax the completed medical statement directly to the center.**

<b>Center</b>	<b>Fax Number</b>	<b>Phone Number</b>
Wright State	937-775-2832	937-775-4070
Miami Valley Hospital	937-224-0230	937-224-3916
Montgomery County	937-461-6967	937-461-9027
Miami University	513-529-8388	513-529-8383
Dayton Academy	937-262-8966	937-262-4080 x1309
Dayton View	937-275-7905	937-567-9426 x1122