

Medical Statement

C-TEC Preschool Academy

150 Price Rd. Newark, Ohio 43055

Phone: 720-364-2832 Fax: 740-364-2691 Extensions: 2424, 4424

This medical statement must be signed by a medical professional.

Child's Name _____ Date of Birth _____

Height _____ Weight _____

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

Immunizations*	Please circle yes or no	
Complete for age	YES	NO
In Process	YES	NO
Exempt from Immunizations:		
• Religious conviction	YES	NO
• Health Concern	YES	NO
Other:		

***Important – ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS.**

This child has been examined and is in suitable condition to participate in group care.

Signature of examining: Physician/Physician's Assistant or Advanced Practice Nurse (Circle one) <hr/> Address: Phone:	Date of exam
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