



# CINCINNATI WALDORF SCHOOL

## Medical Statement

2012-2013

**Students new to the school, and those entering into Nursery, Kindergarten, 1<sup>st</sup> grade and 7th grade are required to have a physical regardless of immunization exemption. Forms are due by the first day of school.**

This is to certify that I examined (child) \_\_\_\_\_  
(date of birth) \_\_\_\_\_ on (date) \_\_\_\_\_  
and have found that the child has had the immunization required by Section 3313.671 of the Revised Code for admission to school, or has had the immunization by the Sate Department of Health for infants and toddlers or is 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, Pertusis)	1 _____	2 _____	3 _____	4 _____	5 _____
Hepatitis B (HEP B)	1 _____	2 _____	3 _____		
Haemophilus b (Hib)	1 _____	2 _____	3 _____	4 _____	
MMR (Measles, Mumps, Rubella )	1 _____	2 _____			
Polio	1 _____	2 _____	3 _____	4 _____	
Chickenpox	1 _____	2 _____			

### LEGAL IMMUNIZATION EXEMPTION

(as per State of Ohio Statue 3313.671)

- I hereby withdraw my consent to have my child, \_\_\_\_\_, inoculated. 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