

# Cincinnati Waldorf School

## Medical Statement

Grade: \_\_\_\_\_

**All students entering into Kindergarten, 7th Grade or 12th Grade and all new first year students at Cincinnati Waldorf School are required to have this form completed 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 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 \_\_\_\_\_

MMR (Measles, Mumps, Rubella) 1 \_\_\_\_\_ 2 \_\_\_\_\_

Polio 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Varicella (Chickenpox) 1 \_\_\_\_\_ 2 \_\_\_\_\_

MCV4 (Meningococcal) 1 \_\_\_\_\_ (Grade 7 and up)

Covid19 1 \_\_\_\_\_ 2 \_\_\_\_\_ Booster \_\_\_\_\_

### LEGAL IMMUNIZATION EXEMPTION

(as per State of Ohio Statute 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 \_\_\_\_\_