Logan County
Board of Developmental Disabilities
"Together We Grow"

The Discovery Center

1973 State Route 47 West, Bellefontaine, Ohio 43311, (937) 592-2009

Please send the completed form along with the required documents with the child's Parent/Guardian or fax documents to: **(937)592-3098**

Child Medical Statement

Section I: Child Medical Information

Childs name: _____ _____
First Last

Date of Birth: _____ Height: _____ Weight: _____

- ☐ **attached current immunization records**
- ☐ **attached summary of Well Child Visit completed on this _____ of _____, _____.**

Section II: Child Medical statement Verification

Physician/Clinic/Medical Professional Name: _____

Providers Phone number: _____ Fax: _____

Check box of examining Medical Professional:

- ☐ Physician
- ☐ Physician Assistant
- ☐ Advance Practice Register Nurse
- ☐ Other: _____

Medical Professional Stamp

This child has been examined and is suitable to participate in group activities and is free of communicable disease.

Signature of Medical Professional: _____ Exam Date: _____

The Ohio Department of Education ensures that all children have received a comprehensive health screenings/ examination.