CATHOLIC DIOCESE OF YOUNGSTOWN

Saints Philip and James – Holy Cross Academy
Office of Catholic Schools

CHILD MEDICAL STATEMENT

Child's Name _____ Date of Birth _____

Height _____ Weight _____

Limitations of health condition (including allergies, medications, dietary restrictions)

Immunizations		
Complete for age	Yes	No
In Process	Yes	No

Exempt from Immunizations		
Religious conviction	Yes	No
Health concern	Yes	No
Other		

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

Signature of examining Physician/Physicians Assistant or Advanced Practice Nurse (circle one) Address: Phone	Date of Exam

Required for children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program. Optional for other Preschools.

Assessments/Screenings	Completed		Date completed	Reason not completed
Vision	Yes	No		
Hearing	Yes	No		
Dental	Yes	No		
Lead	Yes	No		
Hemoglobin	Yes	No		

To be completed by Physician.