MEDICAL CERTIFICATION OF IMMUNIZATION & PHYSICAL EXAMINATION

EL-SEWEDY INTERNATIONAL ACADEMY OF CINCINNATI
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This is to certify that I have examined _____ / _____ and have found that he/she:
(Child's Name) (Date of Birth)

1.) **Has had the immunizations required by Section 3313.671 of the Ohio revised code for school attendance, or has had the immunizations required by the State Department of Health for infants and toddlers, or is to be exempted from these requirements for medical reasons.**

Vaccine	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td, Tdap)	_____ /	_____ /	_____ /	_____ /	_____ (7th grade booster)
Polio (IPV, OPV)	_____ /	_____ /	_____ /	_____	
Measles, Mumps, Rubella (MMR, MR)	_____ /	_____			
Hepatitis A (HepA, HAV)	_____ /	_____			
Hepatitis B (HepB, HBV)	_____ /	_____ /	_____ /		
Haemophilus Influenzae type b (Hib)	_____ /	_____ /	_____ /	_____	
Varicella (Chickenpox) (VAR, MMR**V**)	_____/	_____			
Meningococcal (Grades 7 & 12) (MCV4, MPSV4, Men--)	_____/	_____			
Pneumococcal (PCV, PPV)	_____ /	_____ /	_____ /	_____ /	_____
Influenza (IIV)	_____ /	_____ /	_____ /	_____ /	_____
Other (Type of Vaccine)	_____ /	_____ /	_____ /	_____ /	_____

TB Skin Test Type _____ Date _____ Result _____ By _____

2.) **Based upon his or her medical history and physical condition at the time of this examination, is free from apparent communicable disease and is in suitable condition to attend school.**

Physician's Signature: _____ Physician's Name: _____
(Please Print)

Physician's Address: _____
Street City Zip code

Phone #: _____ Date: _____

Parent's Name: _____