



Administrative Office located at the Calumet Campus ~ www.xenosschools.org

Calumet Campus
2774 Calumet Street
Columbus OH 43202
(614) 261-8136

North Campus
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540

Harambee Campus
1000 Bonham Avenue
Columbus OH 43211
(614) 291-0885

Physicians Statement 2012-2013

I hereby verify that _____, whose date of birth is _____, is free from any communicable disease. I have found that the above child is in suitable condition to attend a preschool or kindergarten program based on their medical history and physical condition at the time of my examination. I further verify the above child has had the immunizations required by the statute for admission to school under Section 3313.671 of the Ohio Revised Code. These include the following:

Immunizations	Month / Day / Year				
DPT Series					
Polio Series					
MMR (Measles, Mumps, Rubella)					
Varicella #1 (Chicken Pox vaccine)					
Hepatitis B					
HIB Vaccine					

Physicians Name:					
Street:					
City/State/Zip:					
Phone:		Date of Exam:			
Signature:					

¹ For preschool students: form is required each year of attendance (DPT - 4, Polio - 3, MMR - 1, HIB - 3 or 4); for kindergarten students: form is required if not previously submitted previously for preschool (DPT - 5, Polio - 4, MMR - 2, HIB - 3 or 4, HEP B -3); for grades 1 through 8: form is required if not previously submitted for preschool or kindergarten - must submit a complete immunization record from your family physician but an office visit is not required.