



Administrative Office located at the Calumet Campus ~ [www.xenosschools.org](http://www.xenosschools.org)

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## P h y s i c i a n s   S t a t e m e n t 2017-2018

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:

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

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

<sup>1</sup> 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, HEP B -3, varicella - 2 ); 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.