

STUDENT MEDICAL STATEMENT
Lourdes University Department of Education
6832 Convent Blvd., Sylvania, OH 43560

Student's Name _____
Address _____
City/State/Zip _____
Date of Physical Exam _____
Name of Physician/Physician's Assistant _____
Signature of Physician/Physician's Assistant _____
Address of Physician _____
City/State/Zip _____
Telephone _____

This is to certify that I have examined the above-named person and have found him/her to be:

- 1. Free from apparent communicable disease.**
- 2. Physically and mentally fit to care for children/adolescents.**
- 3. Immunized as required by the Ohio Department of Health against:**
 - a. measles or mumps, or both, before December 31, 1956; or has a history of measles or mumps, or is exempt from the requirement for medical or religious reasons.**
 - b. rubella, or has a laboratory test demonstrating detectable antibodies; or is exempt from this requirement for medical or religious reasons.**
 - c. tetanus and diphtheria; or is exempt from this requirement for medical or religious reasons.**

The physician may exempt the person from the above immunization requirements for medical reasons. The student may request exemption from the immunization requirement for religious reasons. See rule 5101:2-12-29 (centers), rule 5101:2-14-11 (type B homes), and rule 5101:2-15-11 (in home aides) for further information.