

**Georgia State University
Child Development Program**

CHILD'S MEDICAL STATEMENT

This is to certify that I have examined (child's name) _____

on (date) _____ and have found that he/she:

1. Has had the immunizations required by the state for admission to school, or is to be exempted from these requirements for medical reasons.
2. Based upon his/her medical history and physical condition at the time of this examination, is free from apparent communicable disease and is in suitable condition for enrollment in a child say care/preschool facility.

Child's Date of Birth _____

Parent's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Physician's Signature _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____