

**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 day 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 \_\_\_\_\_