Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT

Child Care Centers and Type A Homes

Child's Name (print or type)	Date of Birth

This is to certify that I have examined this child and their health records and found that:

1) This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations recommended by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. Please note exemptions: _____

_____

Immunizations(*) (enter month, day, and year)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					

* The immunizations above, are recommended immunizations. Please consult your child's physician for more information.

2) Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.

3) List any limitations or health conditions (including allergies, daily medications, dietary restrictions) _____

_____

Recommended Assessments/Screenings:

Vision: Yes ☐ No ☐ Date: _____ Hearing: Yes ☐ No ☐ Date: _____

Dental: Yes ☐ No ☐ Date: _____ Lead: Yes ☐ No ☐ Date: _____

BMI: Yes ☐ No ☐ Date: _____ Other: _____

Signature of examining Physician / Certified Nurse Practitioner	Date of Examination

Ohio Administrative Code rules 5101:2-12-37 and 5101-2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care facility.

Name of Physician /Certified Nurse Practitioner	Telephone Number ( )
Street Address	
City, State and Zip Code	