Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT

For Child Care Centers and Type A Family Child Care Homes

Child's Name (print or type)				Date o	Date of Birth		
This is to certify all of the following:							
I have examined this child and for	und that he or sl	he is in suitable cond	dition for part	icipation	in group care.		
The child has had the age appropriate the child has had the age appropriate the child has been appropriated the child has	priate immunizat	ions recommended l	by the Ohio [Departme	ent of Health.		
My office has entered the child's				d record	of the immunizat	ions or found t	
this child should be exempt from		-		. diatam	tti		
List any limitations or health conditions	ior this child (in	cluding allergies, da	ily medicalio	n, dietary	restrictions)		
Recommended Immunizations (en	iter month, day	, and year)					
Vaccines	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)							
Rotavirus							
Hepatitis A							
Other							
The immunizations above are recommended by	the Centers for D	isease Control and Pre	vention and th	e Ohio De	epartment of Health	1.	
Recommended Assessments/Sci Vision: ☐ Yes ☐ No Date:		Hearing: [T Ves	☐ No	Date:		
Dental: Yes No Date: Lead: Yes			_	□ No	Date:	- -	
BMI: Yes No Date: Other: Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse				Date of Examination			
Ohio Administrative Code rules							
more than twelve months prior to the date of admission to the child care center or type A home. Name of Physician /Physician's Assistant/Advanced Practice Nurse Telephone Number						·.	
Ctrast Address							
Street Address							
City, State and Zip Code							
This is a semale form used to me	- 4 4h	f		0.7 . (4)	A decision to the effect of		

This is a sample form used to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37 of the Administrative Code.