

Ohio Department of Job and Family Services
EMPLOYEE MEDICAL STATEMENT
FOR CHILD CARE CENTERS AND TYPE A HOMES

The completion of this form is required by Ohio Administrative Code rules 5101:2-12-25 and 5101:2-13-25 that govern the licensing of child care centers and type A homes. The physical examination and completion of this form must occur no more than 12 months prior to the first day of employment.

Name of Employee	
Home Address	
First Day of Employment	

My signature below certifies that I examined the above-named person who is found to be:

1. **Physically fit for employment in a facility caring for children**
2. **Immunized against Diphtheria/Tetanus/Pertussis (Tdap).**
 (All employees must have verification of being immunized against pertussis by January 2, 2017)
3. **Immunized against Measles, Mumps and Rubella (MMR).**
 (Except that for a person born on or before December 31, 1956, a history of mumps or measles disease may be substituted for the vaccine. A history of rubella disease shall not be substituted for rubella vaccine. Only a laboratory test demonstrating detectable rubella antibodies shall be accepted in lieu of rubella vaccine.)

Name of Health Care Provider *(Please print)	
Street Address:	
City, State, Zip	Phone Number

Signature of Health Care Provider*	Date of Examination
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* This form may be signed by a licensed physician, a physician's assistant, advance practice nurse or a certified nurse practitioner.

This is a sample form that meets the requirements of Ohio Administrative Code rules 5101:2-12-25 and 5101:2-13-25 that govern the licensing of child care centers and type A homes.