

Ohio Department of Job and Family Services
EMPLOYEE MEDICAL STATEMENT FOR CHILD CARE

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
City, State, Zip
First Day of Employment

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

- Physically fit for employment in a facility caring for children.
- Immunized against Diphtheria/Tetanus/Pertussis (Tdap)
 - All employees must have verification of being immunized against pertussis by 1/1/2018)
- Immunized against Measles, Mumps and Rubella (MMR)
 - Except that for a person born on or before 12/31/1956, 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	
Signature of Health Care Provider*	
Phone Number:	Date of Exam:

* This form may be signed by a licensed physician, physician's assistant, advanced practice registered nurse, certified midwife or certified nurse practitioner.