

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

The completion of this form is required by Ohio Administrative Code rule 5101:5-12-25 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/Volunteer	
Home Address	
First Day of Employment/Volunteering	

My signature below certifies that I have 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/volunteers 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 physicians' 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.