

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 | |
| To be completed by the Health Care Provider | |
| My signature below certifies that I examined the above-named person who is found to be | |
| <input type="checkbox"/> Physically fit for employment in a facility caring for children | |
| <input type="checkbox"/> Immunized against Diphtheria/Tetanus/Pertussis (Tdap) <i>(All employees must have verification of being immunized against pertussis by January 1, 2018)</i> | |
| <input type="checkbox"/> Immunized against Measles, Mumps and Rubella (MMR) <i>(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).</i> | |
| | |
| Name of Health Care Provider* <i>(Please Print)</i> | |
| Street Address | |
| City, State, Zip | Phone Number |
| Signature of Health Care Provider* | Date of Examination |

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

Vaccine Administration Record for Adults (continued)

Patient name Mike Schultz

Birthdate 5/31/1967 Chart number 010406

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

PRACTICE NAME AND ADDRESS
Small Rural Clinic
135 County Road 42
Smallville, IN 46902

| Vaccine | Type of Vaccine ¹ | Date vaccine given (mo/day/yr) | Funding Source (F,S,P) ² | Route ³ and Site ³ | Vaccine | | Vaccine Information Statement (VIS) | | Vaccinator ⁵ (signature or initials and title) |
|---|------------------------------|--------------------------------|-------------------------------------|--|--------------|------|-------------------------------------|-------------------------|---|
| | | | | | Lot # | Mfr. | Date on VIS ⁴ | Date given ⁴ | |
| Influenza (e.g., IIV3, IIV4, cclIV4, RIV3, RIV4, LAIV4) Give IIV3, IIV4, cclIV3, RIV3, and RIV4 IM. ³ Give LAIV4 NAS. ³ | Flulaval | 10/2/09 | P | IM/RA | 2F600411 | GSK | 8/11/09 | 10/2/09 | PWS |
| | HN1 | 12/7/09 | P | IM/RA | 10092224P | NOV | 10/2/09 | 12/7/09 | DLW |
| | Afluria | 9/12/10 | P | IM/RA | 06949111A | NOV | 8/10/10 | 9/12/10 | TAA |
| | Flulaval | 10/1/11 | P | IM/LA | 2F750345 | GSK | 8/10/11 | 10/1/11 | JTA |
| | IIV3 | 9/5/12 | P | IM/RA | M50907 | CSL | 7/2/12 | 9/5/12 | KKC |
| | RIV3 | 12/2/13 | P | IM/RA | 350603F | PSC | 7/26/13 | 12/2/13 | DCP |
| | IIV4 | 10/5/14 | P | IM/RA | U1196AA | PMC | 8/19/14 | 10/5/14 | JTA |
| | IIV4 | 11/2/15 | P | IM/LA | 123773P | NOV | 8/7/15 | 11/2/15 | DCP |
| | IIV4 | 10/1/16 | P | IM/LA | U1206AA | PMC | 8/7/15 | 10/1/16 | TAA |
| | cclIV4 | 9/30/17 | P | IM/LA | 185128 | SEQ | 8/7/15 | 9/30/17 | RVO |
| Pneumococcal conjugate (e.g., PCV13) Give PCV13 IM. ³ | PCV13 | 11/1/12 | P | IM/RA | 7-5096-06A | WYE | 4/16/10 | 11/1/12 | CJP |
| Pneumococcal polysaccharide (e.g., PPSV23) Give PPSV23 IM or Subcut. ³ | PPSV23 | 9/12/10 | P | IM/RA | 663012/1163X | MSD | 10/6/09 | 9/12/10 | TAA |
| | PPSV23 | 11/2/15 | P | IM/RA | 663012/1163X | MSD | 10/6/09 | 11/2/15 | DCP |
| Zoster (shingles) Give RZV IM ³ Give ZVL Subcut ³ | RZV | 3/15/18 | P | IM/RA | A1283 | GSK | 2/12/18 | 3/15/18 | CJP |
| | Shingrix | 5/17/18 | P | IM/RA | A1283 | GSK | 2/12/18 | 5/17/18 | CJP |
| Hib Give IM. ³ | ActHIB | 11/1/12 | P | IM/RA | D05561 | PMC | 4/16/10 | 11/1/12 | CJP |
| Other | | | | | | | | | |

▶ See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, MenACWY, and MenB vaccines.

How to Complete this Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut [SC]), intradermal (ID), intranasal (NAS), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.

| Abbreviation | Trade Name and Manufacturer |
|---|--|
| IIV3/IIV4 (inactivated influenza vaccine, trivalent or quadrivalent); cclIV4 (cell culture-based inactivated influenza vaccine, quadrivalent); RIV3/RIV4 (inactivated recombinant influenza vaccine, trivalent or quadrivalent) | Fluarix, FluLaval (GSK); Afluria, Flud, Flucelvac, Fluvirin (Seqirus); Flublok, Fluzone, Fluzone Intradermal, Fluzone High-Dose (Sanofi Pasteur) |
| LAIV (live attenuated influenza vaccine, quadrivalent) | FluMist (MedImmune) |
| PCV13 | Prevnar 13 (Pfizer) |
| PPSV23 | Pneumovax 23 (Merck) |
| RZV (recombinant zoster vaccine) ZVL (zoster vaccine, live) | Shingrix, RZV (GSK); Zostavax, ZVL (Merck) |
| Hib | ActHIB (Sanofi Pasteur); Hiberix (GSK); Pedvax-Hib (Merck) |

Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Patient name Mike SchultzBirthdate 5/31/1967 Chart number 010406

PRACTICE NAME AND ADDRESS

Small Rural Clinic
135 County Road 42
Smallville, IN 46902

| Vaccine | Type of Vaccine ¹ | Date vaccine given (mo/day/yr) | Funding Source (F,S,P) ² | Route ³ and Site ³ | Vaccine | | Vaccine Information Statement (VIS) | | Vaccinator ⁵ (signature or initials and title) |
|---|------------------------------|--------------------------------|-------------------------------------|--|------------|------|-------------------------------------|-------------------------|---|
| | | | | | Lot # | Mfr. | Date on VIS ⁴ | Date given ⁴ | |
| Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM. ³ | Td | 8/1/02 | P | IM/LA | U0376AA | AVP | 6/10/94 | 8/1/02 | JTA |
| | Td | 9/1/02 | P | IM/LA | U0376AA | AVP | 6/10/94 | 9/1/02 | RVO |
| | Td | 3/1/03 | P | IM/LA | U0376AA | AVP | 3/1/03 | 3/1/03 | TAA |
| | Tdap | 3/1/15 | P | IM/LA | AC52B009AA | GSK | 2/24/15 | 3/1/15 | JTA |
| Hepatitis A (e.g., HepA, HepA-HepB ⁶) Give IM. ³ | | | | | | | | | |
| Hepatitis B ¹ (e.g., Engerix-B, Recombivax HB, Heplisav-B, HepA-HepB ⁶) Give IM. ³ | Heplisav-B | 2/5/18 | P | IM/LA | TD6007 | DVX | 7/20/16 | 2/5/18 | TAA |
| | Heplisav-B | 3/12/18 | P | IM/LA | TD6007 | DVX | 7/20/16 | 3/12/18 | TAA |
| Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM. ³ | | | | | | | | | |
| Measles, Mumps, Rubella (MMR) Give Subcut. ³ | MMR | 8/1/02 | P | SC/RA | 0025L | MSD | 6/13/02 | 8/1/02 | JTA |
| | MMR | 11/1/02 | P | SC/RA | 0025L | MSD | 6/13/02 | 11/1/02 | TAA |
| Varicella (chickenpox,VAR) Give Subcut. ³ | VAR | 8/1/02 | P | SC/LA | 0799M | MSD | 12/16/98 | 8/1/02 | JTA |
| | VAR | 11/1/02 | P | SC/LA | 0799M | MSD | 12/16/98 | 11/1/02 | TAA |
| Meningococcal ACWY (e.g., MenACWY, MPSV4*) Give MenACWY IM. ³ | MenACWY | 7/12/11 | P | IM/RA | M28011 | NOV | 3/2/08 | 7/12/11 | RVO |
| | Menveo | 7/15/16 | P | IM/LA | M12115 | NOV | 3/31/16 | 7/15/16 | RVO |
| Meningococcal B (e.g., MenB) Give MenB IM. ³ | MenB | 1/14/16 | P | IM/LA | J296203 | PFR | 8/14/15 | 1/14/16 | RVO |
| | Trumenba | 9/15/16 | P | IM/LA | J296203 | PFR | 8/14/15 | 9/15/16 | RVO |

*HPV2, HPV4, and MPSV4 vaccines are no longer available in the U.S., but should be included in patient records for historical purposes.

► See page 2 to record influenza, pneumococcal, zoster, Hib, and other vaccines (e.g., travel vaccines).

How to Complete this Record

- With the exception of hepatitis B vaccines, record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine; for hepatitis B vaccines, record the trade name (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut [SC]), intradermal (ID), intranasal (NAS), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

| Abbreviation | Trade Name and Manufacturer |
|-----------------------------------|--|
| Tdap | Adacel (Sanofi Pasteur); Boostrix (GlaxoSmithKline [GSK]) |
| Td | Decavac, Tenivac (Sanofi Pasteur); generic Td (MA Biological Labs) |
| HepA | Havrix (GSK); Vaqta (Merck) |
| For hepatitis B, see footnote #1. | Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax) |
| HepA-HepB | Twinrix (GSK) |
| HPV2* | Cervarix (GSK) |
| HPV4*, HPV9 | Gardasil, Gardasil 9 (Merck) |
| MMR | MMRII (Merck) |
| VAR | Varivax (Merck) |
| MenACWY | Menactra (Sanofi Pasteur); Menveo (GSK) |
| MPSV4* | Menomune (Sanofi Pasteur) |
| MenB | Bexsero (GSK); Trumenba (Pfizer) |

CONTINUED ON THE NEXT PAGE ►

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p2023.pdf • Item #P2023 (8/18)