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.

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. Free of communicable tuberculosis
2. Physically fit for employment in a facility caring for children
3. Immunized against Diptheria/Tetanus/Pertussis (Tdap) and Measles, Mumps and Rubella (MMR)

Name of Physician or Certified Nurse Practitioner (Please print)	
Street Address:	
City, State, Zip	Phone Number

Signature of Physician or Certified Nurse Practitioner	Date of Examination

- This employee may be required to be immunized according to the Occupational Safety and Health Enforcement and Administration (OHSEA) requirements regarding hepatitis B vaccinations. Child care employees are at risk of exposure as defined by OHSEA. Declination statements from employees declining the hepatitis B vaccinations and post exposure treatment plans are kept on file at child care facilities and are acceptable forms of compliance with the OHSEA regulations

- The employee may be exempt from the immunization requirements listed in #3 above, for medical reasons upon filing a written request from the physician or certified nurse practitioner.

- The employee may be exempt from the immunization requirements listed in #3 above, for religious reasons upon filing a written request with the child care facility.

- Employee medical examinations must be updated every three years.