

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.