OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

Child's Medical Statement

Child's Name (print or type)	Date of Birth

This is to certify that I have examined this child and found that:

1) This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations required by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. (Please note exemptions)_____

Immunizations (enter month, day, and year)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Ruebella (MMR)					
Polio					
Varicella Zoster (chicken pox)					
Hepatitis A					

2) Based upon medical history and physical condition at the time of this examination, this child is in suitable condition for participation in group care.

3) List any limitations or health conditions _____
_____

Signature of examining Physician / Certified Nurse Practitioner	**Date of Examination**

As required by Rules 5101:2-12-37 and 5101-2-13-37, the child must be examined within twelve months prior to the date of admission.

Name of Physician / Certified Nurse Practitioner	Telephone Number ( )
Street Address	
City, State and Zip Code	

This is an optional form provided by JFS which may be used by child care centers and type A homes to meet the requirements of Rules 5101:2-12-37 and 5101:2-13-37.

JFS 01305 (Rev. 4/2003)