Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT FOR CHILD CARE

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

Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):

Section A- EXAMINATION

√ The above named child has been examined.

√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).

√ The above named child does not have allergies OR is allergic to the following (*please list in space below)*:

Check below, if applicable:

☐ Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.

Optional: Measurements and Recommended Assessments/Screenings

Height _____ Vision _____ ☐ Yes ☐ No Lead _____ ☐ Yes ☐ No

Weight _____ Hearing _____ ☐ Yes ☐ No Hemoglobin _____ ☐ Yes ☐ No

BMI _____ Dental _____ ☐ Yes ☐ No Other: _____

Notes:

Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (*Complete ONLY ONE SECTION below)*

Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:
Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.

Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: ☐ The above named child has been immunized against the diseases listed above. *If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):*	**Initials of Examining Health Care Practitioner**
	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): ☐ I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	**Signature of Parent**
	Date

Recommended Preventative Pediatric Healthcare Screening

	Newborn	3month	6month	9 month	12month	18month	24 month	30 month	3 yrs.	4 years	5 years
Height & Weight	●	●	●	●	●	●	●	●	●	●	●
Hearing	●	✖	✖	✖	✖	✖	✖	✖	✖	●	●
Vision	✖	✖	✖	✖	✖	✖	✖	✖	●	●	●
Dental	✖	✖	✖	✖	✖	✖	✖	✖	●	●	●
Lead	✖	✖	✖	✖	●	✖	●	✖	✖	✖	✖
Hemoglobin	●	●	✖	✖	✖	✖	✖	✖	✖	✖	✖
Immunizations	●	●	●	●	●	●	●	●	●	●	●

* all recommendations are as such; recommendations and may be modified to meet individual needs

Health screening benefits the overall health of the child. It is through checkups and tests that physicians can identify potential health problems. Many childhood health problems can be corrected before they become a health problem that the child carries into adulthood. Through health screening, healthy eating and regular physical activity you can help your child learn healthy living habits which can last a lifetime.

I understand the health screens listed above are recommended. _____Initial_____date

I have been given information on the health screens (CIRCLED) my child has not received and been given resources to obtain them.

_____ _____

signature date

Key

●	recommended to be performed
✖	risk assessment to be performed, with appropriate action to be followed, if positive

This information was aquired from the American Academy of Pediatriacs and Bright Futures. For more information please go to www.aap.org & brightfutures.app.org

If your child does not receive the recommended screenings, you may contact the following organizations to schedule them:

Toledo Lucas County Health Department: 419 213-4100
Drs. Piero & Glinka (dentistry): 419 893-0708
Northwest Ohio Hearing Clinic: 419 873-4327