

Medical Statement Requirements for Family Child Care Providers, Employees, Child Care Staff Members and Substitute Child Care Staff Members in a Licensed Family Child Care Home

The following shall be contained in a medical statement:

- The date of the examination (within the previous twelve months).
- The signature, business address, telephone number of the licensed physician as defined in Chapter 4731. of the Revised Code, physician's assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner who completed the examination.
- A statement that verifies the person is:
 - Physically fit for employment in a family child care home caring for children.
 - Immunized against measles, mumps and rubella (MMR), except that for persons born on or before December 31, 1956, a history of measles or mumps 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.
 - Immunized against tetanus, diphtheria and pertussis (Tdap) from a licensed physician as defined in Chapter 4731. of the Revised Code, physician's assistant, advanced practice registered nurse, certified nurse midwife, certified nurse practitioner or licensed pharmacist.
 - The person may be exempt from the immunization requirement for religious reasons with written documentation signed by the individual, and for medical reasons with written documentation signed by a licensed physician.
- An additional report or examination by a licensed physician or mental health professional may be required when there is concern about a person's ability to perform required duties.