

Ohio Department of Job and Family Services  
CHILD MEDICAL STATEMENT  
Child Care Centers and Type A Homes

|                                                           |                                 |
|-----------------------------------------------------------|---------------------------------|
| Child's Name (print or type)<br><b>Cheyenne Scarberry</b> | Date of Birth<br><b>7.29.08</b> |
|-----------------------------------------------------------|---------------------------------|

This is to certify that I have examined this child and their health records 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 recommended 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 (DTaP)         | <b>See Attached sheet</b> |        |        |        |        |
| Hepatitis B (Hep B)                           |                           |        |        |        |        |
| Haemophilus Influenza type b (HIB)            |                           |        |        |        |        |
| Measles, Mumps, Rubella (MMR)                 |                           |        |        |        |        |
| Inactivated Polio                             |                           |        |        |        |        |
| Varicella (chicken pox)                       |                           |        |        |        |        |
| Influenza                                     |                           |        |        |        |        |
| Pneumococcal Conjugate (PCV)                  |                           |        |        |        |        |

\* The immunizations above, are recommended immunizations. Please consult your child's physician for more information.

- 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 (including allergies, daily medications, dietary restrictions) \_\_\_\_\_

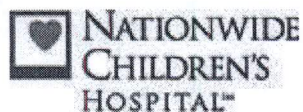
Recommended Assessments/Screenings: **8/18/10**  
Vision: Yes ☐ No ☐ Date: \_\_\_\_\_  
Dental: Yes ☐ No ☐ Date: \_\_\_\_\_  
BMI: Yes ☐ No ☐ Date: \_\_\_\_\_

Hearing: Yes ☒ No ☐ Date: **8/18/10**  
Lead: Yes ☒ No ☐ Date: \_\_\_\_\_  
Other: \_\_\_\_\_

|                                                                                                         |                                       |
|---------------------------------------------------------------------------------------------------------|---------------------------------------|
| Signature of examining Physician / Certified Nurse Practitioner<br><b>Dr. R. Rosengold MD Tim Hardy</b> | Date of Examination<br><b>8/18/10</b> |
|---------------------------------------------------------------------------------------------------------|---------------------------------------|

Ohio Administrative Code rules 5101:2-12-37 and 5101:2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care facility.

|                                                                             |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Physician / Certified Nurse Practitioner<br><b>R. Rosengold, MD</b> | Telephone Number<br><b>NATIONWIDE CHILDREN'S HOSPITAL<br/>PRIMARY CARE CENTERS-NORTH AVE.<br/>4560 MORSE CENTRE<br/>COLUMBUS, OHIO 43229<br/>614-355-9400 FAX: 614-355-9410</b> |
| Street Address                                                              |                                                                                                                                                                                 |
| City, State and Zip Code                                                    |                                                                                                                                                                                 |

**Patient Demographics**

| Address                                | Phone               |
|----------------------------------------|---------------------|
| 3637 O'DONNELL CT<br>COLUMBUS OH 43228 | 614-893-9739 (Home) |

**Patient Information:**

| Patient Name        | ID #    | Sex    | DOB       |
|---------------------|---------|--------|-----------|
| Scarberry, Cheyanne | 1645292 | Female | 7/29/2008 |

**Immunizations**

Never Reviewed as of 2/18/2011

|                                         |                                                                            |
|-----------------------------------------|----------------------------------------------------------------------------|
| <b>DTaP</b>                             | 11/9/2009 (15 mos)                                                         |
| <b>DTaP/HBV/IPV</b>                     | 3/16/2009 (7 mos), 9/29/2008 (2 mos)                                       |
| <b>DTaP/HIB/IPV</b>                     | 12/1/2008 (4 mos)                                                          |
| <b>H1N1 INFLUENZA VACCINE &gt; 3YRS</b> | 11/9/2009 (15 mos)                                                         |
| <b>HIB</b>                              | 11/9/2009 (15 mos), 3/16/2009 (7 mos), 9/29/2008 (2 mos)                   |
| <b>Hepatitis A</b>                      | 3/9/2010 (19 mos), 8/3/2009 (12 mos)                                       |
| <b>Hepatitis B</b>                      | 12/1/2008 (4 mos), 7/30/2008 (1 days)                                      |
| <b>Influenza</b>                        | 11/10/2010 (2 yrs), 11/9/2009 (15 mos)                                     |
| <b>MMR</b>                              | 8/3/2009 (12 mos)                                                          |
| <b>PNEUMOCOCCAL (PREVNAR 13)</b>        | 8/18/2010 (2 yrs)                                                          |
| <b>Pneumococcal (Prevnar)</b>           | 8/3/2009 (12 mos), 3/16/2009 (7 mos), 12/1/2008 (4 mos), 9/29/2008 (2 mos) |
| <b>ROTATEQ</b>                          | 3/16/2009 (7 mos), 12/1/2008 (4 mos), 9/29/2008 (2 mos)                    |
| <b>Varicella</b>                        | 8/3/2009 (12 mos)                                                          |

**Allergies as of 2/18/2011**

Date Reviewed: 11/10/2010

No Known Allergies

**PRIVATE AND CONFIDENTIAL:** All patient information is privileged and confidential. It can only be accessed and utilized by individuals directly involved in the patient's care and treatment at Nationwide Children's Hospital. Any other copying, dissemination, distribution or utilization of this information is strictly prohibited.

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