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

Child's Name (print or type)	Date of Birth
Cheyanne Scarberry	7.29.08

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)	See Attached Sheet				
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) ~~None~~

Recommended Assessments/Screenings:

Vision: Yes ☐ No ☐ Date: 8/18/10
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	Date of Examination
Dr R. Rosenfeld MD Tina Hardy	8/18/10

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	Telephone Number
R. Rosenfeld, MD	( )
Street Address	NATIONWIDE CHILDREN'S HOSPITAL PRIMARY CARE CENTERS-NORTH 4560 MORSE CENTRE COLUMBUS, OHIO 43229 614-355-9400 FAX: 614-355-9410
City, State and Zip Code	

NATIONWIDE CHILDREN'S HOSPITAL

Patient Demographics

Address	Phone
3637 ODONNELL CT 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

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

Allergies as of 2/18/2011

Date Reviewed: **11/10/2010**

No Known Allergies

NATIONWIDE CHILDREN'S HOSPITAL
PRIMARY CARE CENTER-NORTHLAND
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COLUMBUS, OHIO 43229
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