Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT

For Child Care Centers and Type A Family Child Care Homes

Child's Name *(print or type)*	Date of Birth
De'Angelo Wright	02/19/10

This is to certify all of the following:

- I have examined this child and found that he or she is in suitable condition for participation in group care.
- The child has had the age appropriate immunizations recommended by the Ohio Department of Health.
- My office has entered the child's immunizations record below or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons: _____

List any limitations or health conditions for this child (including allergies, daily mediation, dietary restrictions) _____

Recommended Immunizations (*enter month, day, and year*)

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					

The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.

Recommended Assessments/Screenings:

Vision: ☐ Yes ☐ No Date: _____ Hearing: ☐ Yes ☐ No Date: _____

Dental: ☐ Yes ☐ No Date: _____ Lead: ☐ Yes ☐ No Date: _____

BMI: ☐ Yes ☐ No Date: _____ Other: _____

Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date of Examination
Cheryl Pippin	7/8/10

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 center or type A home.

Name of Physician/Physician's Assistant/Advanced Practice Nurse	Telephone Number
Pippin	
Street Address: NATIONWIDE CHILDREN'S HOSPITAL PRIMARY CARE CENTER-NORTHLAND 4560 MORSE CENTER ROAD	
City, State and Zip Code: COLUMBUS, OHIO 43229	

This is a sample form used to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37 of the Administrative Code.

NATIONWIDE CHILDREN'S HOSPITAL

After Visit Summary

Deangelo Wright (MRN 2034103)

Visit Information

Date & Time	Provider	Department	Dept Phone
7/8/2010 10:45 AM	Cheryl B. Pippin, MD	Northland Primary Care Center	614-355-9400

Patient Information:

Patient Name	Sex	DOB
Wright, Deangelo (2034103)	Male	2/19/2010

Patient Demographics

Address	Phone
4869 Kingshill Drive Apt 114 COLUMBUS OH 43229	614-000-0000 (Home)

Allergies as of 7/8/2010

Date Reviewed: **7/8/2010**

No Known Allergies

Current Medications

None

Orders Placed This Visit

DTAP/HIB/IPV COMBINED VACCINE IM [IMM13]
PNEUMOCOCCAL VAC 13-VALENT CONJ PREVNAR 13 [IMM100]

Immunizations

DTaP/HIB/IPV	7/8/2010, 4/7/2010
Hepatitis B	4/7/2010, 2/20/2010
PNEUMOCOCCAL (PREVNAR 13)	7/8/2010
Pneumococcal (Prevnar)	4/7/2010
ROTARIX	4/7/2010

Vitals - Last Recorded

Pulse	Temp	Resp	Ht	Wt	HC
112	37 °C (98.6 °F)	24	66 cm (25.98") (71.82%)	8.55 kg (18 lb 13.6 oz) (93.82%)	44.5 cm (17.52") (90.06%)

Diagnoses