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
Faithlyn Widdig	3/9/08

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)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					

See attached

* 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) _____
Environmental allergies

Recommended Assessments/Screenings:

Vision: Yes ☐ No ☑ Date: _____
Dental: Yes ☐ No ☑ Date: _____
BMI: Yes ☐ No ☑ Date: _____
Hearing: Yes ☐ No ☑ Date: _____
Lead: Yes ☑ No ☐ Date: 12-14-10
Other: _____

Signature of examining Physician / Certified Nurse Practitioner	Date of Examination
Diana Copenhaver, DO / Francis, CV	12-14-10

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
	( )
Street Address	
City, State and Zip Code	

NATIONWIDE CHILDREN'S HOSPITAL
PRIMARY CARE CENTERS-WESTSIDE
441 INDUSTRIAL MILE ROAD
COLUMBUS, OHIO 43228
614-355-9700 FAX: 614-355-9710

Patient Name	ID #	Sex	DOB
Widdig, Faithlyn	1620052	Female	3/9/2008

Immunizations

Reviewed on 12/14/2010 as of 2/11/2011

DTaP	10/21/2009 (19 mos)
DTaP/HBV/IPV	10/14/2008 (7 mos), 8/29/2008 (5 mos), 7/7/2008 (3 mos)
HIB	~~10/21/2009 (19 mos)~~ **Deferred** (Vaccine not available), 10/14/2008 (7 mos), 8/29/2008 (5 mos), 7/7/2008 (3 mos)
Hepatitis A	10/21/2009 (19 mos), 3/9/2009 (12 mos)
Influenza	12/14/2010 (2 yrs), 10/21/2009 (19 mos)
MMR	3/9/2009 (12 mos)
PNEUMOCOCCAL (PREVNAR 13)	12/14/2010 (2 yrs)
Pneumococcal (Prevnar)	3/9/2009 (12 mos), 10/14/2008 (7 mos), 8/29/2008 (5 mos), 7/7/2008 (3 mos)
ROTATEQ	10/14/2008 (7 mos), 8/29/2008 (5 mos), 7/7/2008 (3 mos)
Varicella	3/9/2009 (12 mos)

Allergies as of 2/11/2011

Date Reviewed: **12/14/2010**

	Noted	Type	Reactions
Environmental	8/29/2009		