



## Employee Medical Statement

Name of Employee (print name) \_\_\_\_\_ is

- Free of Communicable disease
- Physically fit to work with children age birth – age 15

Limitations:

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Signature of examining (circle which applies) Physician / Physicians Assistant or Advanced Practice Nurse (circle which applies)	Date of exam
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Name of Physician / Clinic / Hospital (please print)
Street address
City State Zip Code
Phone (      )

Effective July 1, 2009, staff medical statements must be on file and updated on a regular basis according to program policy. The medical statement can be completed by a physician, a physician's assistant, a clinical nurse specialist or a certified nurse (Rule 330137-04(E)).

Itinerant teachers and related service personnel providing services in a community program licensed by the Ohio Department of Job and Family Services are required to show documentation of a medical statement every three years. Districts provide a form called *Background, Reference and Medical Check* to document the medical statement on file in the district; the form is available at [www.education.ohio.gov](http://www.education.ohio.gov), keyword search: *background checks*.