Ohio | Department of Education

Office of Early Learning and School Readiness

Employee Medical Statement

Revised 7/11/2016

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Medical Provider Information

Physician/Clinic/Hospital Name _____ Provider Address _____

Provider Phone Number _____ City _____ State _____ Zip _____

Section II - Medical Statement Verification

Employee Name _____

Certify Employee Medical Status:

☐ Free of Communicable Disease

☐ Prevention, Recognition & Management of Communicable Disease

Detail Any Medical Limitations:

Check box of examining medical professional:

☐ Physician ☐ Physician's Assistant ☐ Advanced Practice Nurse

Signature of Medical Professional _____ Date _____

I verify that the information presented on this form is accurate and complete.

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, keyword search: background checks.