52098-2

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
Dionna S. Briley	9-26-09

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)					

DS shot attached

* The immunizations above, are recommended immunizations. Please consult your child's physician for more information.

Yes 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: _____
Dental: Yes ☑ No ☐ Date: _____
BMI: Yes ☐ No ☑ Date: _____
Hearing: Yes ☐ No ☑ Date: _____
Lead: Yes ☐ No ☑ Date: _____
Other: _____

Signature of examining Physician / Certified Nurse Practitioner	Date of Examination
Catherine Jenkins MD	9-15-10

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
Dr. Catherine Jenkins MD	( )
Street Address	Pediatric Associates, Inc. 1310 Hill Road North
City, State and Zip Code	Pickerington, OH 43147 Phone: 614-864-3222 Fax: 614-863-7388

Pediatric Associates, Inc

1310 Hill Rd. North
Pickerington, OH 43147
(614) 864-3222 FAX:(614) 863-7388

Immunization Record - Maker/Lot

Date of Report: 1/26/2011
Patient's name: **BRILEY, DIONNA S**
Birth date: 8/26/2007 Patient's age: 3 years

Primary provider: Amy E Deibel, MD

Reportdate	Treatment Description	Maker Id	Lot Number	Expiration	Location	Lit Date
11/28/2008	DTaP, IM	OTHER	U2470CA	04/08/2010	Lower LVL	7/30/01
09/29/2009	FluMist influenza live vaccine	MEDIMMUNE	500713P	01/13/2010	nostril	8/11/09
09/29/2009	Hep A, pediatric, 2-dose, IM	SMITHKLINE	AHAVB326AA	09/02/2011	Upper LVL	3/21/06
08/27/2008	Hep A, pediatric, 2-dose, IM	MERCK	AHAVB243AA	09/19/2010	Lower LVL	3/21/06
09/29/2009	Hib, 4-dose (ActHIB), IM	AVENTIS	UF724AA	06/27/2011	Lower LVL	12/16/98
04/10/2008	Hib, 4-dose (ActHIB), IM	AVENTIS	UF345AB	06/07/2008	Lower RVL	12/16/98
01/02/2008	Hib, 4-dose (ActHIB), IM	AVENTIS	UF291AD	12/12/2008	Lower RVL	12/16/98
10/29/2007	Hib, 4-dose (ActHIB), IM	AVENTIS	UF144AA	12/14/2008	Upper LVL	12/16/98
11/28/2008	Influenza, split virus, < 3 yrs, IM	MERCK	UT2792DA	06/30/2009	upper LVL	07/24/08
08/27/2008	MMR, SQ	MERCK	0664X	04/23/2010	R arm SQ	12/16/98
04/10/2008	Pediarix (DTaP,IPV,HBV), IM	SMITHKLINE	AC21B142AA	02/19/2010	Upper RVL	7/30/01 & 1/1/00 & 7/18/07
01/02/2008	Pediarix (DTaP,IPV,HBV), IM	SMITHKLINE	AC21B128AB	12/05/2009	Upper RVL	7/30/01,01/01/00 & 07/11/01
10/29/2007	Pediarix (DTaP,IPV,HBV), IM	SMITHKLINE	AC21B130AA	12/12/2009	RVL	7/30/01,01/01/00 & 07/11/01
08/27/2008	Prevnar, IM	LEDERLE	C87338	01/31/2011	Upper LVL	9/30/02
04/10/2008	Prevnar, IM	LEDERLE	C39186	06/06/2009	LVL	9/30/02
01/02/2008	Prevnar, IM	LEDERLE	B54013F	02/28/2009	Upper LVL	9/30/02
10/29/2007	Prevnar, IM	LEDERLE	B47300B	10/31/2008	Lower LVL	9/30/02
09/15/2010	Prevnar-13, IM	WYETH	E72960	12/31/2011	lvl	04/16/10
01/02/2008	Rotavirus Vaccine	MERCK	1129U	01/29/2009	Oral	05-1-08
10/29/2007	Rotavirus Vaccine	MERCK	0969U	02/08/2009	Oral	05-1-08
08/27/2008	Varicella, SQ	MERCK	1852U	11/15/2009	R arm SQ	12/16/98

No PPD test ordered