

## Appendix C to Rule 5101:2-14-03

**Medical Statement Requirements for In-Home Aides**

The following shall be contained in a medical statement:

- The date of the examination (must be within the previous twelve months).
- The signature, business address, telephone number of the licensed physician, physician's assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner who completed the examination.
- A statement that verifies that the person is:
  - Physically fit for employment in a family child care home caring for children.
  - Immunized against measles, mumps and rubella (MMR), except that for persons born on or before December 31, 1956, a history of measles or mumps disease may be substituted for the vaccine. A history of rubella disease shall not be substituted for rubella vaccine. Only a laboratory test demonstrating detectable rubella antibodies shall be accepted in lieu of rubella vaccine.
  - Immunized against tetanus and diphtheria. At the time the next booster for tetanus and diphtheria is due, the employee shall also be immunized against pertussis (Tdap). As of January 1, 2018, everyone shall have on file written verification of being immunized against pertussis from a licensed physician, physician's assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner.
  - The person may be exempt from the immunization requirement for religious reasons upon filing a written request with the provider, and for medical reasons upon filing a written request signed by a licensed physician.
- An additional report or examination by a licensed physician or mental health professional may be required when there is a concern about a person's ability to perform required duties.