

## 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 12 months for initial certification and within the past five years for renewal of certification).
- The signature, business address, telephone number of the licensed physician, as defined in Chapter 4731. of the Revised Code, physician's assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner who completed the examination.
- A statement that verifies that the individual is:
  - Physically fit for employment as an in-home aide caring for children.
  - Immunized against measles, mumps and rubella (MMR), except that for people 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, diphtheria and pertussis (Tdap) from a licensed physician as defined in Chapter 4731. of the Revised Code, physician's assistant, advanced practice registered nurse, certified nurse midwife, certified nurse practitioner or licensed pharmacist.
    - The person may be exempt from the immunization requirement for religious reasons with written documentation signed by the individual, and for medical reasons with written documentation 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 the individual's ability to perform required duties.