

Shawnee State University
Teacher Education Field Placement Form
Employee Medical Exam Statement

Name of Student	Date of Birth
Street Address	
City, State, and Zip Code	
Date of Physical Exam	

This is to certify that I have examined the above-named person who is found to be:

1. free from apparent communicable disease,
2. free from tuberculosis verified by Mantoux skin test (except for those with documentation of previously significant reaction),

Test Results	Test Date
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3. physically fit to care for young children,
4. immunized against:
 - a. measles and mumps; or born before December 31, 1956; or has a disease history of measles and mumps; or exempt from this requirement for medical or religious reasons
 - b. rubella; or has a laboratory test demonstrating detectable rubella antibodies; or exempt from this requirement for medical or religious reasons
 - c. tetanus and diphtheria; or exempt from this requirement for medical or religious reasons

Name of Physician (Please print or type)	Phone Number (with area code)
Street Address	
City, State, and Zip Code	
Physician's Signature	Date of Physician's Signature

The physician may exempt the person from the above immunization requirements for medical reasons. The person may request exemption from the immunization requirements for religious reasons. See rule 5101:2-12-29 (centers); rule 5101:2-13-28 (type A homes); and rule 5101:2-15-11 (in-home aides) for further information.