

Ohio Department of Job and Family Services  
**EMPLOYEE MEDICAL STATEMENT FOR CHILD CARE**

The physical examination and completion of this form must occur no more than 12 months prior to the first day of employment.

Name of Employee	
Home Address	
City, State, Zip	
First Day of Employment	
<b>To be completed by the Health Care Provider*</b>	
<p>My signature below certifies that I examined the above-named person who is found to be:</p> <p><input type="checkbox"/> Physically fit for employment in a facility caring for children</p> <p><input type="checkbox"/> Immunized against Tetanus/Diphtheria/Pertussis (Tdap)</p> <p><input type="checkbox"/> Immunized against Measles, Mumps and Rubella (MMR)  <i>(Except that for a person born on or before December 31, 1956, a history of mumps or measles 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).</i></p>	
<i>**This section must be completed if the employee is applying to be an administrator, child care staff member or employee of a child care center.</i>	
<p><input type="checkbox"/> <b>**Screened for Tuberculosis (TB)</b></p> <ul style="list-style-type: none"> <li>• <i>Has the employee resided in a country identified by the world health organization (WHO) as having a high burden of tuberculosis (TB)?</i>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>• <i>Has the employee arrived in the United States within the five years immediately preceding the date of application for employment?</i>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ul> <p>Employment Application Date: _____</p> <p>If the answers to <b>both questions</b> above are yes, the individual is required to be tested for TB.</p> <p>TB Test Date: _____    TB Test Results:    <input type="checkbox"/> Negative    <input type="checkbox"/> Positive</p>	
<b>Name of Health Care Provider* (Please Print)</b>	
Street Address	
City, State, Zip	Phone Number
Signature of Health Care Provider*	Date of Examination

\*This form may be signed by a licensed physician, physician's assistant, advanced practice registered nurse, certified nurse midwife or certified nurse practitioner.



## Ohio Locations

### 1. Downtown Akron

1450 Firestone Pkwy, Ste F  
Akron, OH 44301  
Mon-Fri: 7 am - 5 pm  
Ph: 330.724.3345  
Fx: 330.724.5299

### 2. Canton

4449 Whipple Ave NW  
Canton, OH 44718  
Mon-Fri: 8 am - 5 pm  
Ph: 330.453.6050  
Fx: 330.453.0220

### 3. Norwood

4623 Wesley Ave, Ste C  
Cincinnati, OH 45212  
Mon-Fri: 8 am - 5 pm  
Ph: 513.841.1122  
Fx: 513.366.4432

### 4. Sharonville

2884 E Kemper Rd  
Cincinnati, OH 45241  
Mon-Fri: 8 am - 5 pm  
Ph: 513.771.2233  
Fx: 513.612.3572

### 5. Cleveland - Downtown

5500 South Marginal Rd  
Cleveland, OH 44103  
Mon-Fri: 7 am - 7 pm  
Ph: 216.426.9020  
Fx: 216.426.9025

### 6. Cleveland - South Central

4660 Hinckley Industrial Pkwy  
Cleveland, OH 44109  
Mon-Fri: 7 am - 7 pm  
Ph: 216.749.2730  
Fx: 216.749.2735

### 7. Columbus East

4849 E Main St  
Columbus, OH 43213  
Mon-Fri: 8 am - 5 pm  
Ph: 614.863.5188  
Fx: 614.863.3560

### 8. Columbus West

4821 Roberts Rd  
Columbus, OH 43228  
Mon-Fri: 8 am - 5 pm  
Ph: 614.850.1476  
Fx: 614.850.1478

### 9. Dayton - South

1435 Cincinnati St, Ste 100  
Dayton, OH 45417  
Mon-Fri: 8 am - 5 pm  
Ph: 937.449.0800  
Fx: 937.449.0881

### 10. Dayton - Troy St

228 Troy St  
Dayton, OH 45404  
Mon-Fri: 7 am - 5 pm  
Ph: 937.228.8132  
Fx: 937.228.7185

### 11. Franklin

333 Conover Dr, Ste H  
Franklin, OH 45005  
Mon-Fri: 8 am - 5 pm  
Ph: 937.746.8795  
Fx: 937.746.7062

### 12. Holland

7010 Spring Meadows Dr W, Ste 101  
Holland, OH 43528  
Mon-Fri: 8 am - 5 pm  
Ph: 419.865.4448  
Fx: 419.865.8010

### 13. Huber Heights

8701 Old Troy Pike  
Huber Heights, OH 45424  
Mon-Fri: 8 am - 5 pm  
Ph: 937.237.6231  
Fx: 937.237.6221

### 14. Oakwood Village - Forbes Rd

7730 1st Pl, Ste D  
Oakwood Village, OH 44146  
Mon-Fri: 8 am - 5 pm  
Ph: 440.735.0438  
Fx: 440.735.0484

### 15. Oregon

3028 Navarre Ave  
Oregon, OH 43616  
Mon-Fri: 8 am - 5 pm  
Ph: 419.697.6850  
Fx: 419.697.6861

### 16. Vandalia - Dayton Airport

10871 Engle Rd  
Vandalia, OH 45377  
Mon-Fri: 8 am - 5 pm  
Ph: 937.264.0400  
Fx: 937.264.0403

### 17. Willoughby

3900 Ben Hur Ave  
Willoughby, OH 44094  
Mon-Fri: 8 am - 5 pm  
Ph: 440.975.4185  
Fx: 440.975.4195

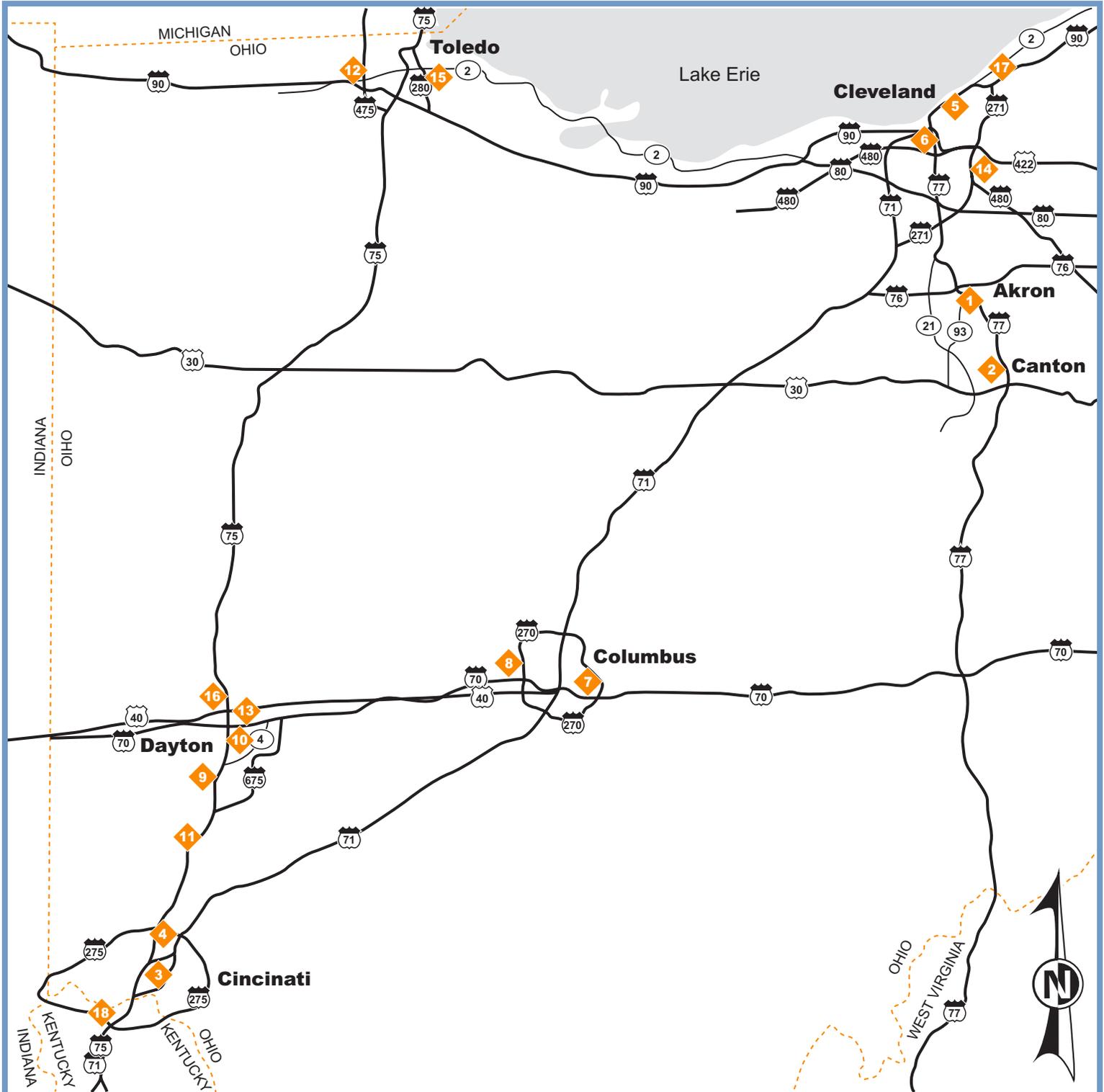
### 18. CVG Airport/Mineola Pike

1825 Airport Exchange Blvd, Ste 100  
Erlanger, KY 41018  
Mon-Fri: 7 am - 9 pm  
Sat: 9 am - 3 pm  
Ph: 859.647.6228  
Fx: 859.372.6350

- Work-related injuries receive immediate triage assessment.
- Pre-placement and DOT exam forms are provided, or you may use other DOT approved MER and/or MEC forms.
- No contract is required when working with Concentra. Our fees are competitive and adhere to the applicable state workers' compensation fee guidelines.
- Visit [concentra.com/our-locations](http://concentra.com/our-locations) for a list of locations and driving directions.



## Ohio Locations





## **Background Check Fee**

Please note that you will be required to pay \$60 for your backgroundcheck. This fee will be split over your 1st two paychecks, \$30 each.

Once you complete you complete 90 days of service, you will be reimbursed.

## **Pre-Placement Physical/Immunization**

Clever Bee Academy will pay for physical and/or MMR/T-dap for those new hires who are not able to obtain their own thru their doctor or a clinic. Once hired, Clever Bee Academy will pay 50% while employees pay the balance, and it will be withheld from your paycheck split over 4 pays. The prices are as follows:

- Pre Placement Physical - \$87.00
- T-dap Vaccine - \$114.00
- MMR Vaccine - \$157.00

## **Resignation**

Any employee who does not complete a 2-week notice before resigning, will be paid at the current state minimum wage for any remaining hours they have.

## **Direct Deposit**

Direct deposit is mandatory. Please make sure that you enter your information correctly. If your account is incorrect this will hold up your pay and it will cost Clever Bee Academy \$25. This charge will be deducted from your paycheck on the next pay date.

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Print Name

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Signature

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Date

# Concentra

(Patient Must Present Photo ID at Time of Service)

## Authorization for Examination or Treatment

Patient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Location Number: \_\_\_\_\_

Temporary Staffing Agency: \_\_\_\_\_

<b><u>Work Related</u></b> <input type="checkbox"/> Injury <input type="checkbox"/> Illness Date of Injury _____	<b><u>Physical Examination</u></b> <input type="checkbox"/> Preplacement <input type="checkbox"/> Baseline <input type="checkbox"/> Annual <input type="checkbox"/> Exit
<b><u>Substance Abuse Testing*</u></b> (check all that apply) <input type="checkbox"/> Regulated drug screen <input type="checkbox"/> Breath Alcohol <input type="checkbox"/> Collection only <input type="checkbox"/> Hair collect <input type="checkbox"/> Non-regulated drug screen <input type="checkbox"/> Rapid drug screen <input type="checkbox"/> Other _____	<b><u>DOT Physical Examination</u></b> <input type="checkbox"/> Preplacement <input type="checkbox"/> Recertification
<b><u>Type of Substance Abuse Testing</u></b> <input type="checkbox"/> Preplacement <input type="checkbox"/> Reasonable cause <input type="checkbox"/> Post-accident <input type="checkbox"/> Random <input type="checkbox"/> Follow-up	<b><u>Special Examination</u></b> <input type="checkbox"/> Asbestos <input type="checkbox"/> Respirator <input type="checkbox"/> Audiogram <input type="checkbox"/> Human Performance Evaluation* <input type="checkbox"/> HAZMAT <input type="checkbox"/> Medical Surveillance Other _____
	<b><u>Billing (check if applicable)</u></b> <input type="checkbox"/> Employee to pay charges

Special instructions/comments: \_\_\_\_\_

\*Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_  
Please print

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at [www.concentra.com](http://www.concentra.com))