

**Note:** Email completed form to jcarr1@jcarr.state.oh.us.

Hearing Date: 3/30/2023

Today's Date: 5/5/2023

Agency: Ohio Department of Health

Rule Number(s): 3701-49-01.1, 3701-55, 3701-84, 3701:1-37-01, 3701:1-58-18, 20, 21, 101, 102, 3701:1-37-08, -10, -15, -26, 3701:1-50-23, App 3701:1-50-25, 3701:1-43

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If no comments at the hearing, please check the box. ☒

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List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Click here to enter text.
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## Hearing Summary Report

### **Consolidated Summary of Comments Received**

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

Click here to enter text.

## Hearing Summary Report

### **Incorporated Comments into Rule(s)**

Indicate how comments received during the hearing process were incorporated into the rule(s).  
If no comments were incorporated, explain why not.

Click here to enter text.