NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner Name of Child: Date of Birth: Date of Examination:

Name of Child:				/ /	Dai	e or Examination: / /				
Immunizations required for entry into day care Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). □ Yes □ No										
Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1st Date / /	2 nd Date / /	3 rd Date / /	4 th Dat	te /	5 th Date / /				
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Dat	te /					
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /			e OR 1 st Date (if given on or after nths of age)					
Pnuemococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Dat						
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /							
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /								
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /								
Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A										
Type of Immunization:		Date:	Type of Immunization:			Date: / /				
Type of Immunization:		Date:	Type of Immunization:			Date:				
Type of Immunization:		Date:	Type of Immunization:			Date: / /				
Tests										
Tuberculin Test Date:	/ / I	Mantoux Results:	☐ Positiv	e Negative		mm				
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.										
If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.										
Lead Screening Date:	/ /									
Attach lead level stateme										
Lead Screening (Include		-								
1 year/ /			mcg/dL	☐ Venous	☐ Capillary					
		Result:		☐ Venous ☐ Cap		ıry				
Most recent date of lead screening (if different from above):										
/ / Result:			mcg/dL		☐ Capillary					
Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.										

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT (continued)

Health Specifics		Comments					
Are there allergies? (Specify)	☐ Yes ☐] No					
Is medication regularly taken? (Specify drug and condition)	☐ Yes ☐] No					
Is a special diet required? (Specify diet and condition)	☐ Yes ☐] No					
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes ☐] No					
Are there any medical or developmental conditions requiring special attention?	☐ Yes ☐] No					
On the basis of my findings as indicated a that: he/she is free from contagious and coday care.					☐ Yes ☐ No		
Signature of Examiner			Address				
Please Print Name				City, State, 2	Zip		
		()	-	/ /		
Title				Phone	Date		