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:					
Immunizations requir Medical Exemption To of the immunizations we exempt immunization(s	ne physical con vould endange	dition of the nar							
·	1 st Date	2nd Data	2rd Dotto	4th Data	5th Data				
Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1st Date	2 nd Date / /	3 rd Date	4 th Date	5 th Date / /				
Polio (IPV or OPV)	1st Date / /	2 nd Date / /	3 rd Date	4 th Date					
Haemophilus influenzae type B (Hib)	1st Date / /	2 nd Date / /	3 rd Date		ate OR 1st Date (if given on or after onths 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 Date					
Hepatitis B	1st Date / /	2 nd Date / /	3 rd Date / /						
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /	1						
Varicella (also known as Chicken Pox)	1st Date / /	2 nd Date / /							
Other Immunization	s may includ				·				
Type of Immunization:		Date: / /		munization:	Date: / /				
Type of Immunization:		Date: / /		munization:	Date: / /				
Type of Immunization:		Date: / /	Type of Imi	munization:	Date: / /				
Tests									
Tuberculin Test Date: / / Mantoux Results: Positive 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 / /	Result:		_ mcg/dL	Venous	Capillary				
2 years / /		100 100 1	mcg/dL	☐ Venous ☐ Capillary					
Most recent date of lead	•		•						
	Result:		_ mcg/dL	☐ Venous	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.									

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}					
Summary of Physical Exam Include special recommendations to child	day care providers					
On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.						
Signature of Examiner			Address			
Please Print Name			City, State, Zip			

Phone

Date

Title