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:	Da	ate of Examination: / /			
Immunizations requi	red for entry in	to day care							
Medical Exemption T	-	-	med child is	such that one c	or more	□ Vaa □ Na			
of the immunizations v	would endanger					∐ Yes ∐ No			
exempt immunization(and Data	Ord Data	Ath Dat		Eth Data			
Diphtheria, Tetanus and Pertussis (DPT) Diphtheria	1 st Date	2 nd Date	3 rd Date	4 th Date		5 th Date / /			
and Tetanus and acellular Pertussis (DTaP)		, ,				, ,			
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Dat	-				
FOIIO (IFV OI OFV)	/ /	/ /	/ /	/	/				
Haemophilus influenzae	1 st Date	2 nd Date	3 rd Date			e (if given on or after			
type B (Hib)	/ /	/ /	/ /	15 mor	nths of age) /				
Pnuemococcal Conjugate	1 st Date	2 nd Date	3 rd Date	4 th Dat	е				
(PCV) for those born on or after 1/1/08)	/ /	/ /	/ /	/	/				
Hepatitis B	1 st Date / /	2 nd Date	3 rd Date			_			
Measles, Mumps and	1 st Date	2 nd Date							
Rubella (MMR)	/ /	/ /							
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /							
• • • • •									
Other Immunization Hepatitis A	ns may includ	le the recomn	nended va	ccines of Rot	tavirus, I	nfluenza and			
Type of Immunization:		Date: / /		munization:		Date: / /			
Type of Immunization:		Date: / /	Type of Im	munization:		Date: / /			
Type of Immunization:	Type of Immunization:		Type of Im	Type of Immunization:		Date: / /			
Tests									
Tuberculin Test Date:	1 1	Mantoux Result	s: Positiv	ve Negative		mm			
TB Tests are at the physi	ician's discretion.	_		•	erally appro				
If positive, or if x-ray orde		· ·							
Lead Screening Date:									
Attach lead level stateme		Dag. (14a)							
Lead Screening (Includ									
1 year / /				☐ Venous	•				
2 years / /				☐ Venous	☐ Capill	ary			
Most recent date of lead screening (if different from above):									
/ / Result:			mcg/dL	☐ Venous	☐ 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.									

(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			
Include special recommendations to child of	ady care providers			
On the basis of my findings as indicated a that: he/she is free from contagious and coday care.	above and on my kn ommunicable diseas	owledge of the	e named child, I fin to participate in chil	d d □ Yes □ No
Signature of Examiner	Address			
Please Print Name		City, Stat	e, Zip	
		()	-	1 1
Title			Phone	Date