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 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).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date 15 months of age) / /	(if given on or after
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	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

	Results:	_ 0			
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 statement					
Lead Screening (Include All Dates and Results)					
1 year / / Result:	mcg/dL	U Venous	Capillary		
2 years / / Result:	mcg/dL	U Venous	Capillary		
Most recent date of lead screening (if different from above):					
/ / Result:	mcg/dL	U 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)

🗌 Yes 🗌 No

CHILD IN CARE MEDICAL STATEMENT (continued)

Health Specifics		Comm	nents
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 d	ay care providers		
On the basis of my findings as indicated al that: he/she is free from contagious and co day care.			
Signature of Examiner		Address	
Please Print Name		City, State, Zip	
Title		() - Phone	/ / Date