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:	1
	/ /	/ /	

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).

1	,				
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

Tuberculin Test Date: / / Mantoux Re	esults: 🗌 Positiv	e 🗌 Negative	mm		
TB Tests are at the physician's discretion. Acceptable	tests include Mant	oux or other fede	erally 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 screeping test					

☐ Yes ☐ No

OCFS-LDSS-4433 (Rev. 06/2019)

CHILD IN CARE MEDICAL STATEMENT (continued)

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	□ Yes □ No
day care.	

Signature of Examiner	Address	
Please Print Name	City, State, Zip	
	() - / /	
Title	Phone Date	