## NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

## **CHILD IN CARE MEDICAL STATEMENT**

To Be Completed B	y Licensed F			ssistant or N				
Name of Child:		Da	Date of Birth:		Date of Examination:			
Immunizations requir	ed for entry ir	nto day care				□ Yes □ No		
Medical Exemption The physical condition of the named child is such that one or more								
of the immunizations v	-	er life or health. A	Attach certi	fication specif	ying the			
exempt immunization(s	<u> </u>					T		
Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> D	ate	5 <sup>th</sup> Date		
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> D	ate			
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)			
Pnuemococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> D	4 <sup>th</sup> Date			
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date					
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	<u>.</u>					
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date						
Other Immunization	s may inclu	de the recomme	ended va	ccines of Ro	tavirus, In	fluenza and		
Hepatitis A	-							
Type of Immunization:		Date:	Type of In	Type of Immunization:		Date:		
Type of Immunization:		Date:	Type of In	Type of Immunization:		Date:		
Type of Immunization:		Date:	Type of In	Type of Immunization:		Date:		
Tests								
Tuberculin Test Date:	1 1	Mantoux Results:	☐ Positiv	re □ 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 statemen								
Lead Screening (Include		Results)						
1 year/_/	Result:		mcg/dL	☐ Venous	□ Capilla	ry		
	/ / Result:		mcg/dL	□ Venous	☐ Capilla	ry		
Most recent date of lead screening (if different from above):								
1 1	Result:		mcg/dL	☐ Venous	☐ Capilla	ry		
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 cl	hild day care provider	S			
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. $\Box$ Yes $\Box$ No					
Signature of Examiner		Address			
Please Print Name		City, State, Zip			
Title		Phone	Date		

**Religious Exemptions** 

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.