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		i ille of fleatiff. A	illach certi	ilication speci	llyllig trie					
Diphtheria, Tetanus and	1 st Date	2 nd Date	3 rd Date	4 th C	ate	5 th Date				
Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	/ /	/ /	/ /	1	1	1 1				
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th [oate /					
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date	15 n	4 th Date OR 1 st Date (if given on or after 15 months 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 D	oate /					
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 Im	nmunization:		Date:				
Type of minianzation.		/ /				/ /				
Type of Immunization:		Date: / /	Type of Immunization:			Date: / /				
Type of Immunization:		Date: / /	Type of Immunization:		Date: / /					
Tests										
Tuberculin Test Date:	1 1	Mantoux Results:	☐ Positiv	ve Negative	<u> </u>	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 statement										
Lead Screening (Include All Dates and Results)										
1 year/ /			mcg/dL	☐ Venous	•	illary				
2 years / / Result: Most recent date of lead screening (if different from above			mcg/dL	☐ Venous	☐ Cap	illary				
			mcg/dL		•					
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.										

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

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

Date