



Dear Health Care Provider:

All children enrolled in a New York State Day Care Program must submit a medical form from the Office of Children and Family Services completed by a physician, physician's assistant or nurse practitioner. **Children enrolled in a special education program must have their medical form completed by a physician.** All children's medical forms must be current within one year of the date of exam. Children enrolled in Early Intervention must submit a medical from the Office of Children and Family Services as well as the Department of Health Medical Form.

**Immunizations:** Please refer to the "New York State Immunization Requirements for School Entrance".

**Lead Screening:** All children are required to have a lead screening at least once between the ages of birth and two years of age. Please indicate the date and lead level in the area provided. **If you feel this child has no risk of exposure, please write "No Risk" and initial in this area.** If the test is scheduled, please indicate the date it is to be administered.

**Height/Weight/BMI:** A child's height, weight and BMI are now required to be recorded on the child's medical form.

**Hearing/Vision Screening:** Results of hearing and vision screening must be recorded.

**Prescriptions For Specific Therapies:** If your child will receive additional therapies while at Alcott, the following applies. OT, PT, and speech prescriptions must be completed and returned to school. No child can receive services without a prescription (see attached form).

Thank you for your cooperation. This information will eliminate many unnecessary phone calls to the parent as well as your office.

Sincerely,  
Carol Moetzinger, F.N.P.  
Director of Health Services

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner**

Name of Child:	Date of Birth:	Date of Examination:
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**Immunizations required for entry into day care**  Yes  No

**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 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	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> Date	
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)	
Pneumococcal 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> 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			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> 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 Results:  Positive  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 statement

### Lead Screening (Include All Dates and Results)

1 year / / Result: mcg/dL Venous Capillary

2 years / / Result:

mcg/dL Venous Capillary

**Most recent date of lead screening (if different from above):**

/ / Result: mcg/dL 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.

## Health Specifics

## Comments

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental <input type="checkbox"/> Yes <input type="checkbox"/> No	

conditions requiring special attention?

## Summary of Physical Exam

Include special recommendations to child day care providers

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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.

Yes  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.