Medical Statement

Submit

Maintain On-Site

- Only a health care provider (physician, physician's assistant, nurse practitioner) may complete/sign the Medical Status section
- **A registered nurse is NOT authorized to sign the Medical Status section but CAN sign the TB Test Information**
- A health care professional may use an equivalent form as long as the information on this form is included
- Make additional blank copies for each additional employee

I attest that I have not forged or altered any information contained in this document. I am aware that the submission and/or possession of forged or altered documents may constitute a crime. In addition to potentially being subject to criminal prosecution, any program found to have submitted and/or possessed such documents may be subject to fines by the NYS Office of Children and Family Services, and/or denial or revocation of a license or registration.

Applicant Name: Christina Shaffer	School-Age Program Name:
Person's Name: **Print:** **Signature:**	Date of Birth:

Type of Program:	**Family Day Care, Group Family Day Care and Small Day Care Centers**	**Day Care Center and School-Age Child Care**	**All Programs**
ROLE:	☐ Provider ☐ Substitute ☐ Assistant ☐ Household Member (GFDC/FDC)	☐ Director ☐ Group Teacher ☐ Assistant Teacher	☐ Volunteer ☐ Employee

Typical Child Care Duties

- Lifting and carrying children
- Close contact with children
- Direct supervision of children
- Driver of Vehicle
- Food preparation
- Desk work
- Facility maintenance
- Evacuation of children in and emergency

Following to be completed by Health Care Provider ONLY

Medical Status

To the best of my knowledge of the above-named individual, I find that:

He/She is currently exhibiting signs of a communicable disease that would pose a risk to the health and safety of children in care.	☐ **YES**	☐ **NO**	
He/She has a diagnosed phsychiatric or emotional disorder that would pose a risk to the health and safety of children in care.	☐ **YES**	☐ **NO**	
He/She has a physical condition that would prevent him/her from providing typical child day care duties as described above.	☐ **YES**	☐ **NO**	☐ **NA** *(if only role is volunteer or household member)*

For any "YES" responses, clarify and/or indicate restrictions:

Signature *(physician, physician's assistant, nurse practitioner)*	**Title**
Name *(Please PRINT clearly or use office stamp)*	**Date of Exam** / /
Phone ( ) -	**Date of Signature** / /

Medical Statement (Continued)

Submit

Maintain On-Site

- Household members in a family-based program that have no other role do not need to have a Tuberculin Test and do not need to complete this page.
- A health care professional (physician, physician's assistant, nurse practitioner or a registered nurse (as part of their duties at a health care facility), may enter the results in the Tuberculin Test Information section and sign this page

Applicant Name: Christina Shaffer	School-Age Program Name:
Person's Name:	Date of Birth:

Instructions:

- Acceptable Tuberculin tests include Mantoux or other federally approved tuberculin test

Following to be completed by Health Professional ONLY

Tuberculin Test Information

Test Completed

Test Read on: _____
(mm/dd/yyyy)

Test Result: ☐ Positive ☐ Negative _____mm

If Positive, does this person's contact with children enrolled in child care pose a risk to the children's health and safety? ☐ **Yes** ☐ **No**

Test Not Completed

☐ Not Tested. Provide reason: _____
Medical Exemption or Contraindication

If test result was previously Positive, indicate date: _____
(mm/dd/yyyy)

If previously Positive, does this person's contact with children enrolled in child care pose a risk to the children's health and safety? ☐ **Yes** ☐ **No**

_____
Signature *(physician, physician's assistant, nurse practitioner or registered nurse)*

_____ _____
Name *(PRINT clearly or use office stamp)* **Title**

( ) - / /
Phone **Date**

INSTRUCTIONS FOR PROGRAMS TO RETURN THE FORM:

- GFDC/FDC programs: return this completed form to your Licensor or Registrar
- DCC/SACC programs: for Directors - return this completed form to your Licensor or Registrar; for all other staff - return the form to the Director for evaluation