

# **St Gregory the Great Early Childhood Enrichment Program**

## **New York State Office of Children and Family Services Child In Care Medical Statement**

Your child will be attending a NYSOCFS licensed child care center and Day Care Regulations require all Medical Statement Forms to be completed on the form OCFS-LDSS-4483 (see attached). This is a 2 page document. Children will not be permitted to attend school unless the form is properly completed.

Please note that the medical statement form provided must be signed and dated by a health care provider. All check off boxes on the 2nd page must be checked off for the form to be complete. A print out of the N.Y.S. required immunization dates can be attached.

We require the most recent physical exam to be completed and brought to the school for your child's admission into St. Gregory's.

**\*\*If your child has any asthma/allergies, or other health related issues, please contact the Health Care Consultant at the preschool, to receive the additional paperwork needed for admittance.**

If you have any questions regarding your child's medical needs, please feel free to reach out to Ellie Provenzano, Health Care Consultant or Robin Hughes, Director. Their contact information can be found below.

Thank you for your cooperation in these matters and we look forward to providing a safe environment for your child as they begin their exciting journey of learning and exploring safely in our school.

Robin Hughes  
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914-835-1278  
[info@stgregoryearlychildhood.com](mailto:info@stgregoryearlychildhood.com)

Ellie Provenzano  
Health Care Consultant  
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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: / /
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**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).  Yes  No

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 OR 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.**

*(Continued on reverse side)*



