

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**STAFF, VOLUNTEER, AND HOUSEHOLD MEMBER MEDICAL STATEMENT**  
Child Care Programs

**Instructions:**

- A signature is required on BOTH SIDES of this form. If the only role is a household member, complete only the front page.
- Only a health care provider (physician, physician 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.
- See additional instructions about the tuberculin test on the reverse side.
- Please **PRINT** clearly.

**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 New York State Office of Children and Family Services, and/or denial or revocation of an enrollment license or registration.**

Program's Name:	Facility ID Number:
Person's Name:	Date of Birth: / /

<b><u>TYPE OF PROGRAM:</u></b>	<b>Family Day Care, Group Family Day Care, Small Day Care Centers</b>	<b>Day Care Center, School-Age Child Care, Legally-Exempt Group Programs</b>	<b>All Programs</b>
<b><u>ROLE:</u></b>	<input type="checkbox"/> Provider <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant <input type="checkbox"/> Household Member (GFDC/FDC)	<input type="checkbox"/> Director <input type="checkbox"/> Group Teacher <input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer

**Typical child day 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 an emergency

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**Following to be completed by health care provider ONLY**


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**Medical status**

<b>To the best of my knowledge of the above-named individual, I find that:</b>			
They are currently exhibiting signs of a communicable disease that would pose a risk to the health and safety of children in care.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
They have a diagnosed psychiatric or emotional disorder that would pose a risk to the health and safety of children in care.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
They have a physical condition that would prevent them from providing typical child day care duties as described above.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA (if only role is volunteer or household member)
<b>For any "YES" responses, clarify and/or indicate restrictions:</b>			

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 Signature (physician, physician's assistant, nurse practitioner)

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 Title

/ /

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 Name (please PRINT clearly or use office stamp)

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 Date of Exam

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 (      )      -

/ /

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 Phone

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 Date of Signature

(Continued on reverse side)

Program's Name:	Facility ID Number:
Person's Name:	Date of Birth:

- **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. No one with a role in a legally-exempt program needs to complete the tuberculin test.
- A health care professional (physician, physician's assistant, nurse practitioner) *or a registered nurse as part of his/her duties at a health care facility*, may enter the results in the tuberculin test Information section and sign this page.
- Acceptable tuberculin tests include Mantoux or other federally approved tuberculin test.
- Please **PRINT** clearly.

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Date

- **GFDC/FDC programs**—return this completed form to your licensor or registrar.
- **DCC/SACC programs-directors**—return this completed form to your licensor or registrar; all other staff—return the form to the director for evaluation.
- **Directors of legally-exempt group programs**—return this form to your enrollment agency.
- **Employees and volunteers at legally exempt programs**—return this form to your director