



CHILD CARE STAFF HEALTH ASSESSMENT

NAME OF PERSON EXAMINED (Please print): \_\_\_\_\_ DOB \_\_\_\_\_

REASON FOR EXAMINATION:  Initial employment in child care  Clearance for new work duties

THIS SECTION TO BE COMPLETED BY EMPLOYER

This physical examination is for the purpose of employment in a child care facility. The types of activities this individual will be doing are as follows (please check all that apply):

- Lifting, carrying children  Desk work Other – describe below:
 Close interaction with children  Driver of vehicle(s)
 Food preparation  Facility cleaning/maintenance

Employee’s Job Title: \_\_\_\_\_ Date of employment: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY PHYSICIAN, PHYSICIAN’S ASSISTANT OR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)

1. DID YOU CONDUCT A PHYSICAL EXAMINATION? YES NO

The physical examination should include a functional assessment of vision and hearing and a systems review looking for conditions that might affect performance or predispose this individual to occupational injury relating to the type of activities required by the job (see type of job listed above). Conditionals also include frequent hand washing, the stress of caring for groups of children, ability to actively supervise children, and exposure to the common infections of childhood. Please take note that substance abuse should be considered in determining suitability to provide child care.

2. DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? YES NO

If yes, attach separate sheet(s) to describe the conditions and the risk it might pose to others exposed to this individual.

3. BASED ON YOUR FINDINGS FOR #1 AND #2 ABOVE AND OTHER INFORMATION GATHERED DURING YOUR EXAMINATION, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE? YES NO

IF YOU ANSWERED “NO” TO QUESTION #3, please list any information regarding this individual’s medical condition or other information gathered during your examination that might threaten the health of children or prohibit the individual from providing safe and adequate care to children. Please attach separate pages as needed.

This examination was performed by:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_
PRINTED NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ Fax: \_\_\_\_\_
ADDRESS \_\_\_\_\_

This form must be stamped by physician’s office.

TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX OR INTERFERONGAMMA RELEASE ASSAY BLOOD TEST METHOD
Please note: The child care facility regulations require tuberculosis testing by Mantoux method or the interferon gamma release assay (IGRA) blood test at initial employment in a child care setting. Subsequent testing is not required unless directed by a physician, physician’s assistant, CRNP, the Department of Health or a local health department.
MANTOUX TEST DATE: \_\_\_\_\_ RESULTS:  POSITIVE  NEGATIVE
IF SKIN TEST IS POSITIVE: REPORT OF CHEST X-RAY (Please attach an official radiology report)
DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS? YES NO
Please note: For the purposes of meeting the child care facility regulations, a person with a positive tuberculin skin test or blood test and a negative x-ray is not required to have further tuberculosis testing or x-rays, unless the person is exposed to an active case of tuberculosis or the person develops a productive cough which does not respond to medical treatment within 14 days.