

CHILD CARE STAFF HEALTH ASSESSMENT

(55 Pa. Code §§3270.151, 3280.151 and 3290.151)

NAME OF PERSON EXAMINED (Please print)

REASON FOR EXAMINATION

- Initial employment in child care
 Biennial re-examination

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):

- | | | |
|---------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Lifting, carrying children | <input checked="" type="checkbox"/> Desk work | <input type="checkbox"/> Other – describe below: |
| <input checked="" type="checkbox"/> Close interaction with children | <input type="checkbox"/> Driver of vehicle(s) <i>N/A</i> | |
| <input checked="" type="checkbox"/> Food preparation | <input checked="" type="checkbox"/> Facility maintenance | |

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.

TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX METHOD

DATE TEST APPLIED

DATE TEST READ

PHYSICIAN'S INTERPRETATION OF TUBERCULIN TEST RESULTS

DATE INTERPRETATION MADE

POSITIVE NEGATIVE

IF SKIN TEST POSITIVE:

REPORT OF CHEST X-RAY
(Attach a copy of the report.)

DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS? YES NO

MD/DO
CRNP

DATE

SIGNATURE

PRINTED NAME

TELEPHONE NUMBER

ADDRESS