

Community Progress Council - Staff Health Assessment

NAME OF PERSON BEING EXAMINED (Please print)

Initial Employment in Child Care

Biennial Re-Examination

THIS SECTION TO BE COMPLETED BY EMPLOYER

This physical examination is for the purpose of employment within 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

Maintenance

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

DID YOU CONDUCT A PHYSICAL EXAMINATION?

YES

NO

The physical examination should include a functional assessment of vision, 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 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.

DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES?

YES

NO

If yes, please attach a separate sheet to describe the conditions and the risk it might pose to other exposed to this individual.

BASED ON YOUR FINDINGS ABOVE AND OTHER INFORMATION GATHERED DURING THE EXAMINATION, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE?

YES

NO

IF YOU ANSWERED NO, please list any information regarding this individuals medical condition or other information gathered during the examination that might threaten the health of children or prohibit the individual from providing safe and adequate care to children. Please attach additional pages if necessary.

DATE:

PRINTED NAME:

TITLE:

PHONE NUMBER:

ADDRESS:

PHYSICIAN'S SIGNATURE:

TESTING FOR TUBERCULOSIS BY INTRACUTANEOUS MANTOUX METHOD

Please note: The child care facility regulations require tuberculosis testing by Mantoux method for employment in a child care setting

MANTOUX TEST ADMINISTERED DATE: (Required) _____

RESULTS:

POSITIVE

NEGATIVE

MANTOUX TEST INTERPRETATION DATE: (Required) _____

If tested positive and a check x-ray is required, please attach an official radiology report

Does the individual need chemoprophylaxis?

YES

NO

Please fax this completed form to Community Progress Council's Human Resources Department:

717-846-5399