

STAFF HEALTH ASSESSMENT

3270.151, 3280.151, 3290.151

CHILD DAY CARE CENTERS - GROUP DAY CARE HOMES - FAMILY DAY CARE HOMES

NAME and ADDRESS OF PERSON EXAMINED

SECTION I - PHYSICAL

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 related to lifting, frequent hand washing, the stress of caring for groups of children, driving vehicles, food preparation, facility maintenance and exposure to the common infections of childhood.)

DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? ☐ YES ☐ NO

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

PLEASE LIST ANY INFORMATION REGARDING THIS INDIVIDUAL'S MEDICAL CONDITION THAT MIGHT THREATEN THE HEALTH OF CHILDREN OR PROHIBIT THE INDIVIDUAL FROM PROVIDING ADEQUATE CARE TO CHILDREN.

IN YOUR ASSESSMENT, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE? ☐ YES ☐ NO

(If no, please explain your answer on a separate sheet.)

If physician has done only the physical and not the Tuberculin test, please complete Section I above and date/sign here:

MD/DO

CRNP

DATE

SIGNATURE

PRINTED NAME

TELEPHONE NUMBER

ADDRESS

SECTION II - 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

*If physician has done both physical and Tuberculin test, please complete Section I and II and date/sign below.
If doing only Tuberculin test, please complete Section II above and sign below.*

MD/DO
CRNP

DATE

SIGNATURE

PRINTED NAME

TELEPHONE NUMBER

ADDRESS

RETURN to: Education Department, Dickinson College, P.O. Box 1773, Carlisle, PA 17013
PH: 717 245-1203 Fax: 717 245-1215

(rev 2-06)