

Child Care Staff Health Assessment

***** Employer should complete this section. *****

Name of person to be examined: _____

Employer for whom examination is being done: _____

Employer's Location: _____ Phone number: _____

Purpose of examination: pre-employment (with conditional offer of employment) annual re-examination

Type of activity on the job: lifting, carrying children close contact with children food preparation

desk work driver of vehicles facility maintenance

***** Part I and Part II below must be completed and signed by a licensed physician or CRNP. *****

Based on a review of the medical record, health history, and examination, does this person have any of the following conditions or problems that might affect job performance or require accommodation?

Date of exam: _____

Part I: Health Problems

(circle)

visual acuity less than 20/40 (combined, obtained with lenses if needed)?yesno

decreased hearing (less than 20 db at 500, 1000, 2000, 4000 Hz)?.....yesno

respiratory problems (asthma, emphysema, airway allergies, current smoker, other)?yesno

heart, blood pressure, or other cardiovascular problems?.....yesno

gastrointestinal problems (ulcer, colitis, special dietary requirements, obesity, other)?yesno

endocrine problems (diabetes, thyroid, other)?.....yesno

emotional disorders or addiction (depression, drug or alcohol dependency, difficulty handling stress, other)? ..yesno

neurologic problems (epilepsy, Parkinsonism, other)?yesno

musculoskeletal problems (low back pain, neck problems, arthritis, limitations on activity)yesno

skin problems (eczema, rashes, conditions incompatible with frequent hand washing, other)?yesno

immune system problems (from medication, illness, allergies and susceptibility to infection)?yesno

need for more frequent health visits or sick days than the average person?yesno

other special medical problem or chronic disease that requires work restrictions or accommodation?.....yesno

Part II: Infectious Disease Status

Immunizations now due/overdue for:

dT (every 10 years).....yesno

MMR (2 doses for persons born after 1989; 1 dose for those born in or after 1957)yesno

polio (OPV or IPV in childhood).....yesno

hepatitis B (3 dose series).....yesno

varicella (2 doses or had the disease).....yesno

influenza.....yesno

pneumococcal vaccine.....yesno

Female of childbearing age susceptible to CMV or parvovirus?yesno

Evaluation of tuberculosis status shows a risk for communicable TB?yesno

Mantoux test date _____ Result _____

(Tuberculosis status must be determined by performing the Mantoux test (intradermal, intermediate strength PPD injection with needle and syringe) for persons not previously tested positive for tuberculosis infection. For individuals over 55 years of age, anyone with pulmonary symptoms, or immune deficiency, the Mantoux test should be performed twice if the first test is negative. The second test should be performed 1-3 weeks after the first test. Anyone with a previously positive Mantoux test who has symptoms suggestive of active TB should have a chest x-ray. All newly positive Mantoux tests should be followed by x-ray evaluation.)

Please attach additional sheets to explain all "yes" answers above. Include the plan for follow up.

 (Date) (Signature) (Printed last name) (Title)

Phone number of licensed physician, physician's assistant, or CRNP: _____

I have read and understand the above information.

 (Date) (Patient's Signature)