

# CHILD CARE STAFF HEALTH ASSESSMENT

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

<b>NAME OF PERSON EXAMINED (Please print)</b>	<b>REASON FOR EXAMINATION</b> <input type="checkbox"/> Initial employment in child care <input type="checkbox"/> Biennial re-examination
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## 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 type="checkbox"/> Lifting, carrying children	<input type="checkbox"/> Desk work	<input type="checkbox"/> Other – describe below:
<input type="checkbox"/> Close interaction with children	<input type="checkbox"/> Driver of vehicle(s)	
<input type="checkbox"/> Food preparation	<input 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.

DATE	SIGNATURE	TITLE
TELEPHONE NO.	PRINTED NAME	
ADDRESS		

## 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 interferongamma 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.

<b>MANTOUX TEST DATE:</b>	<b>RESULTS:</b> <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
<b>IF SKIN TEST IS POSITIVE:</b>	<b>REPORT OF CHEST X-RAY</b> (Please attach an official radiology report)
	<b>DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS?</b> <input type="checkbox"/> YES <input type="checkbox"/> 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.