

NAME OF PERSON EXAMINED (Please print first and last name)	REASON FOR EXAMINATION <input type="checkbox"/> Initial employment in <input type="checkbox"/> Bi-Annual re-examination
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THIS SECTION TO BE COMPLETED BY Medical Office Physician

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: Lifting and carrying young children, lively activities with children, bending, twisting, kneeling, stooping, getting up and down from the floor, playing outside, close interactions with children, food preparation, desk work, must be able to lift at least 40lbs.

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 services to children in a pre-school setting.

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 SERVICES TO CHILDREN? 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.

4. IMMUNIZATION STATUS: It is recommended that employees working with children have a review of their immunization status due to increased risk of exposure to childhood diseases. Did you review their immunization status? YES NO

Additionally, in this type of work the individual may be exposed to blood and other potentially infectious materials. Has the individual had their Hepatitis B vaccination series? YES (If yes, When _____)

NO (If no, would they like to have the vaccinations done?)

(According to the Affordable Care Act this is a covered preventative vaccine)

DATE	SIGNATURE	TITLE
TELEPHONE NO.	PRINTED NAME	
ADDRESS		

TESTING FOR New Hire or If current staff Risk Assessment indicates- 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.

MANTOUX TEST DATE:	RESULTS:	POSITIVE	NEGATIVE	Date Read
IF SKIN TEST IS POSITIVE:	REPORT OF CHEST X-RAY (Please attach an official radiology report)			
	DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS?	YES	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.

