

ADULT HEALTH APPRAISAL FOR CHILD CARE

PRINT NAME _____ DATE OF BIRTH _____

DATE OF HEALTH EXAMINATION _____

Type of Activity in Child Care (check all applicable):

- Caring for Children
 Adult Member of Household
 Food Preparation
 Driver of Vehicle
 Desk Work
 Facility Maintenance
 Other _____

THIS SECTION IS TO BE COMPLETED BY HEALTH PROFESSIONAL WHO DOES HEALTH APPRAISAL

1. As shown by your physical examination, is this individual physically and emotionally healthy and able to perform the tasks needed to provide adequate care for children?	Yes	No
If no , please explain:		
2. Does this individual have any special medical problems that might interfere with the health of children or might prohibit the individual from providing adequate care for children?	Yes	No
If yes , please explain:		
3. Is this individual free from communicable diseases?	Yes	No
If no , please explain:		
4. This individual has had a tuberculosis (TB) determination conducted within the past 12 months by (check one): A negative skin test or TB risk assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <i>OR</i> A positive skin test followed by one negative x-ray and an asymptomatic history at this health appraisal. <input type="checkbox"/> Yes <input type="checkbox"/> No		
IF BOTH ARE "NO" RESPONSES, PLEASE EXPLAIN AND PROVIDE PLAN FOR FOLLOW-UP:		

PRINT Name of Health Care Professional Licensed to Perform Health Appraisals

Telephone Number

PRINT Address of Health Care Professional Licensed to Perform Health Appraisals

Signature of Health Care Professional Licensed to Perform Health Appraisals

Date