

Little Lambs Home Daycare

Child Care Provider Health Assessment

Name of person being examined (please print)	REASON FOR EXAMINATION <input type="checkbox"/> initial provider contract <input type="checkbox"/> Biennial re-examination
THIS SECTION TO BE COMPLETED BY AGENCY	
This physical examination is for the purpose of establishing a contract to provide home child care for Little Lambs Home Daycare. 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"/> driver of vehicle(s)
<input type="checkbox"/> close interaction with children	<input type="checkbox"/> basic home maintenance/cleaning
<input type="checkbox"/> food preparation	<input type="checkbox"/> other- describe below:
<input type="checkbox"/> desk work	

THIS SECTION TO BE COMPLETED BY PHYSICIAN, OR CERTIFIED REGISTERED NURSE PRACTITIONER
1. DID YOU COMPLETE A PHYSICAL EXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO The physical examination should include a functional assessment of vision 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). Conditions also include frequent hand washing, the stress of caring for groups of children, ability to actively supervise children, and exposure to common infections of childhood. Please take note that substance abuse should be considered in determining the suitability to provide child care.
2. DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach a 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 CHILDCARE? <input type="checkbox"/> YES <input type="checkbox"/> NO

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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:
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Telephone number:	Printed Name
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Address:

TESTING FOR TUBERCULOSIS IS REQUIRED: PLEASE ATTACH RESULTS TO THIS FORM.

Please note: for the purposes of meeting the child care 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.