CCL.357 Rev. 07/2024 Child Care Licensing Program
Curtis State Office Building
Kansas Department of Health and Environment
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Health Status Form for Persons Working or Volunteering in a Child Care Facility

As required by K.A.R. 28-4-126(b) or K.A.R. 28-4-590(b)(4), individual shall attest to their health status. The health status form shall indicate if the individual has been exposed to an active case of tuberculosis or has been diagnosed with suspect or confirmed active tuberculosis. Each individual shall update the health status form annually or more often if there is a change in the health status or if the individual has been exposed to an active case of tuberculosis. NOTE: Persons required pursuant to K.A.R. 28-4-126(c)(1) shall have a record of a negative tuberculosis test or x-ray on file.

Please Print Name of the Child Care Facility exactly as stated on the license.					License Number				
Facility Street Address:			City		Zip (Zip Code + 4		County	
of the ind	lividual for w	hich this Health Statu	s applies	5 :		Date of Birt	h (MM/D	D/YYYY)	
	n staff should	d contact the followin	g persor	1.	Relations	ship to you.	Their	Phone Number	
nealth care any surge iny health ny medica	e provider regi ery in the past conditions wh tions which m	ularly for any health co 3 years? ich might interfere with ight interfere with your	your care	nildren or	youth?		Yes O	No. CO. CO.	
Yes O	No.	Cancer Diabetes Convulsions Mental Illness	Yes O	<u>No</u> <u>O</u> <u>O</u>	A L	rthritis iver Disease	Yes O	No.	
any of the	e above, plea	se explain further. Af	ttach an	additiona	I page if ne	eded.			
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Yes No	I am free from any physical, mental, or emotional conditions as necessary to children. I am qualified by temperament and emotional maturity, can demor will act with sound judgment.	•
Yes No	When I am working or volunteering, I will not be in a state of impaired ability nonprescription drugs, or other substances.	due to the use of alcohol, prescription or
Yes No	I have not been exposed to active tuberculosis.	
Yes No	I have not been diagnosed with suspect or confirmed active tuberculosis.	
I attest, under penalty is true and correct. Signature	of perjury, that to the best of my knowledge, the information pro	Date Signed (MM/DD/YYYY)
is true and correct.		
Signature ANNUAL UPDA	TE	
Signature ANNUAL UPDA Signature	re Da	Date Signed (MM/DD/YYYY)

Signature _____ Date Updated_____

Please check each of the following statements: