



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
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Facility Street Address:	City	Zip Code + 4	County
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First and Last Name of the individual for which this Health Status applies:	Date of Birth (MM/DD/YYYY)
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In case of emergency, program staff should contact the following person. First and Last Name:	Relationship to you.	Their Phone Number ()
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Please check each question. **If answer is yes, please explain.**

	Yes	No
1. Do you see a health care provider regularly for any health condition?	<input type="radio"/>	<input type="radio"/>
2. Have you had any surgery in the past 3 years?	<input type="radio"/>	<input type="radio"/>
3. Do you have any health conditions which might interfere with your care of children or youth?	<input type="radio"/>	<input type="radio"/>
4. Do you take any medications which might interfere with your care of children or youth?	<input type="radio"/>	<input type="radio"/>
5. Do you have any chronic illness conditions that might interfere with your care of children or youth such as:		
Headaches	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>
High Blood Pressure	<input type="radio"/>	<input type="radio"/>
Lung Disease	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Convulsions	<input type="radio"/>	<input type="radio"/>
Mental Illness	<input type="radio"/>	<input type="radio"/>
Alcoholism	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>
Liver Disease	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If you answer yes to any of the above, please explain further. Attach an additional page if needed.

Over - Complete Both Sides of Form

Please check each of the following statements:

Yes No

I am free from any physical, mental, or emotional conditions as necessary to protect the health, safety, and welfare of children. I am qualified by temperament and emotional maturity, can demonstrate an understanding of children, and will act with sound judgment.

Yes No

When I am working or volunteering, I will not be in a state of impaired ability due to the use of alcohol, prescription or nonprescription drugs, or other substances.

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 of perjury, that to the best of my knowledge, the information provided on this Health Status Form is true and correct.

Signature	Date Signed (MM/DD/YYYY)
ANNUAL UPDATE	
Signature _____	Date Updated _____
Signature _____	Date Updated _____
Signature _____	Date Updated _____
Signature _____	Date Updated _____