



## 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), individuals 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.*

|  |               |
|--|---------------|
| Name of Provider/Staff (First, Middle, Last) | Date of Birth |
|--|---------------|

**Please indicate “yes” or “no” to each statement.**

I can appropriately carry out the following tasks:

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Supervise children and engage in childcare activities   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Stoop and bend  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Lift and carry a child (up to approx. 40 lbs)   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Get up and down from the floor  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Use stairs both up and down   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Stand for up to one hour at a time  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | See, hear, and respond to a variety of situations quickly   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Apply appropriate facility procedures during high-stress or emergency situations  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Maintain records  |
|  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I am free from any physical, mental, or emotional conditions that prevent my ability to protect the health, safety, and welfare of the children. I am qualified by temperament and emotional maturity, can demonstrate an understanding of children, and shall act with sound judgment. |
|  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | When I am working or volunteering, I shall not be in a state of impaired ability due to the use of alcohol, prescription or nonprescription drugs, or other substances.   |
|  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I have not been exposed to active tuberculosis.   |
|  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I have not been diagnosed with suspect or confirmed active tuberculosis.<br><i>Ensure a record of a negative tuberculosis test or x-ray is on file if required by role in a child care center, preschool or family child care home, Does not have to be on form supplied by KDHE.</i>   |

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.

**Provider/Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Annual Update

|                 |                    |
|-----------------|--------------------|
| Signature _____ | Date Updated _____ |
| Signature _____ | Date Updated _____ |
| Signature _____ | Date Updated _____ |
| Signature _____ | Date Updated _____ |