

America Reads Health Assessment Form

Name of Person Examined _____

Did you conduct a physical examination? _____ Yes _____ No

(The physical examination should include a functional assessment of vision, hearing and a systems review looking for conditions that might affect performance or predispose this individual to occupational injury related to lifting, frequent hand washing, the stress of caring for groups of children, driving vehicles, food preparation, facility maintenance and exposure to the common infections of childhood.)

Did this individual have any communicable diseases? _____ Yes _____ No

(If yes, attach separate sheets to describe the condition and the risk it might post to this individual.)

Please list any information regarding this individual's medical condition that might threaten the health of children or prohibit the individual from providing adequate care to children.

In your assessment, is this individual suitable to provide child care?

_____ Yes _____ No

If No, Please explain your answer on a separate sheet.

TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX METHOD

Date Test Applied _____ Date Test Read _____

Physicians Interpretation of Tuberculin Test Results- Date Interpretation Made _____

Results _____ Positive _____ Negative

If skin test positive: Please attach a copy of the chest x-ray report.

Does this individual need chemoprophylaxis? _____ Yes _____ No

Date _____ Signature _____ MD/DO/CRPN

Printed Name _____ Telephone Number _____

Address _____