STAFF HEALTH REPORT – CHILD CARE PROVIDER

Use of form: This form is mandatory. When completed and on file, it meets the requirements of DCF 250.04(5)(e) and DCF 251.05(1)(L)1. of the Wisconsin Administrative Code. Failure to obtain a completed form for placement in the staff file may result in enforcement action. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The examining health professional will complete this form, sign Sections B and C and return the completed form to the child care provider for placement in the staff file.

A. PROVIDER INFORMATION

Name – Child Care Provider (Last, First, MI)	Position Title

B. TUBERCULOSIS TEST – MANTOUX Tuberculin Skin Test OR QuantiFERON Blood Assay for M. Tuberculosis

Date of Test (mm/dd/yyyy)	Risk Classification ☐ Low risk ☐ Medium risk ☐ Potential ongoing transmission	Millimeters of Induration ☐ 5mm ☐ 10 mm ☐ 15mm
Results of Test ☐ Positive ☐ Negative	If positive, what were the results of the follow-up medical evaluation? ☐ Positive ☐ Negative	Was a chest X-ray completed? ☐ Yes ☐ No

SIGNATURE – MD, PA or Health Check Provider	Name – Examining Health Professional (Type or Print)

Address – Health Professional Office (Street, City, State, Zip)	Date Signed (mm/dd/yyyy)

C. PHYSICAL EXAM

1. I certify, based upon my examination, that this person appears free of symptoms of illness or communicable disease that may be transmitted through normal contact.

2. I certify, based upon my examination, that this person appears to be physically able to work with children.

   NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

3. Comments:

SIGNATURE – MD, PA or Health Check Provider	Name – Examining Health Professional (Type or Print)

Address – Health Professional Office (Street, City, State, Zip)	Examination Date (mm/dd/yyyy)