

Early Childhood Education: Infant-Grade 4

Middle and Secondary Level Education

Special Education Paraeducator

Child Care Staff

HEALTH FORM									
NAME OF PERSON EXAMINE	t) <u>REASON</u>	REASON FOR EXAMINATION							
		Initial Emp	Initial Employment in Child Care						
		Biennial re	e-examination						
		Education	Student						
SECTION 1: EARLY CHILDHOOD, MIDDLE & SECONDARY, SPECIAL EDUCATION, CHILD CARE STAFF TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX OR INTERFERONGAMMA RELEASE ASSAY BLOOD TEST METHOD									
					Please note: The child care facility regulations require tuberculosis testing by Mantoux method or the interferon gamma release assay (IGRA) blood test at initial employment in a child care setting. Subsequent testing is not required unless directed by a physician, physician's assistant, CRNP, the Department of Health or a local health department.				
					MANTOUX TEST DATE:	RESULTS:	POSITIVE		E Results (mm):
IF SKIN TEST IS POSITIVE:	REPORT OF	F CHEST X-RAY	d (Please attach a	an official radiology report)					
DOES THIS INDIVIDUAL NEED CHEMOPROHPHYLAXIS?									
	YES I	NOL							
Please note: For the purposes of meeting the child care facility regulations, a person with a positive tuberculin skin test or blood test and a negative x-ray is not required to have further tuberculosis testing or x-rays, unless the person is exposed to an active case of tuberculosis or the person develops a productive cough which does not respond to medical treatment within 14 days. Skin test must be current within 3 months.									
SECTION 2: EARLY CHILDI	HOOD EDUC	ATION STUDE	NTS AND CHII	LD CARE STAFF ONLY					
This physical examination is for the purpose of	activities related to	child care. The types o	f activities this individ	Jual will be doing are as follows					
(please indicate all that apply):	Desk wo	1							
Lifting, carrying children		f vehicle(s)		cribe below):					
Food preparation		maintenance							
		humtenunee							
SECTION 3: EARLY CHILDI									
THIS SECTION TO BE COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT OR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)									
CERTIFIE	ED REGISTER	ED NURSE PRAC	CITTIONER (CR	(NP)					
1. DID YOU CONDUCT A PHYSIC	AL EXAMINA	TION? YES \Box	NO						
The physical examination should include a functional assessment of vision and hearing and a systems review looking for conditions that might affect									
performance or predispose this individual to occupational injury relating to the type of activities required by the job (see type of job listed above.) Conditionals also include frequent hand washing, the stress of caring for groups of children, ability to actively supervise children, and exposure to the									
common infections of childhood. Please take note that substance abuse should be considered in determining suitability to provide child care.									
2. DID THIS INDIVIDUAL HAVE	ANY COMMUN	NICABLE DISEAS	SES? YES	NO					
If yes, attach separate sheet(s) to describe the co									
3. BASED ON YOUR FINDINGS F									
YOUR EXAMINIATION, IS THI									
IF YOU ANSWERED "NO" TO Q information gathered during your examination to care to children. Please attach separate pages as	that might threaten t	please list any informat he health of children or	ion regarding this indi prohibit the individua	vidual's medical condition or other al from providing safe and adequate					
DATE	SIGNATUR	E	TITLE						
TELEPHONE NO.	PRINTED N		I						
ADDRESS									

PLEASE NOTE*** A PHYSICAL EXAM IS REQUIRED EVERY TWO YEARS WHILE IN THE EARLY CHILDHOOD EDUCATION PROGRAM. A TUBERCULIN SKIN TEST IS ONLY REQUIRED ONE TIME.

Please submit this form to the NCC Education Department: Phone: 610-861-4561 Fax: 610-861-4110 Email: Education@northampton.edu Mail: Reibman 137, 3835 Green Pond Road, Bethlehem, PA 18020