

**YOUTH SERVICE, INC  
HEALTH ASSESSMENT UPDATE FORM**

**Full 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 pose to others exposed 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)

**PLEASE NOTE:** Testing for Tuberculosis by the intracutaneous mantoux method is **only required for new hires to Youth Service, Inc.**

**TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX METHOD**

DATE TEST APPLIED:

DATE TEST READ:

PHYSICIAN'S INTERPRETATION OF TUBERCULIN  
TEST RESULTS:     Positive     Negative

**IF SKIN TEST POSITIVE:**

REPORT OF CHEST X-RAY  
(Attach a copy of the report)

DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS?     Yes     No

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ MD/DO/CRNP

Printed Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_