



**HEALTH STATUS FORM FOR PERSONS 14 YEARS OF AGE OR OLDER
WORKING OR VOLUNTEERING IN SCHOOL AGE PROGRAMS**

As required by K. A. R. 28-4-590(b)(4), each operator and each staff member who has regular, ongoing contact with children or youth shall attest to that individual's health status on a form supplied by the department or approved by the secretary. 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.

PLEASE PRINT.

Name of the School Age Program exactly as stated on the license.	License Number
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Facility Street Address:	City	Zip Code + 4	County
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First and Last Name of the Individual for which this Health Status applies:	Date of Birth (MM/DD/YYYY)
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In case of emergency, program staff should contact the following person. First and Last Name:	Relationship to you.	Their Phone Number ()
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Please check each question. **If answer is yes, please explain.**

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|---|------------|-----------|
| | <u>Yes</u> | <u>No</u> |
| 1. Do you see a health care provider regularly for any health condition? | ___ | ___ |
| 2. Have you had any surgery in the past 3 years? | ___ | ___ |
| 3. Do you have any health conditions which might interfere with your care of children or youth? | ___ | ___ |
| 4. Do you take any medications which might interfere with your care of children or youth? | ___ | ___ |
| 5. Do you have any chronic illness conditions that might interfere with your care of children or youth such as: | | |

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Headaches	___	___	Cancer	___	___	Alcoholism	___	___
Heart Disease	___	___	Diabetes	___	___	Arthritis	___	___
High Blood Pressure	___	___	Convulsions	___	___	Liver Disease	___	___
Lung Disease	___	___	Mental Illness	___	___	Other	___	___

<p>If you answer yes to any of the above, please explain further. Attach an additional page if needed.</p>

OVER - COMPLETE BOTH SIDES OF FORM

Please check each of the following statements:

- Yes No I am free from physical, mental, or emotional handicaps as necessary to protect the health, safety, and welfare of the children or youth as required by K.A.R. 28-4-590(b)(1).
- Yes No When I am working or volunteering in the School Age Program, I will not be under the influence of alcohol or illegal substances or impaired due to the use of prescription or nonprescription drugs as required by K.A.R. 28-4-290(b)(2).
- Yes No I am free from any infectious or contagious disease as specified in K.A.R. 28-1-6 (see below) as required by K.A.R. 28-4-590(b)(3).
- Yes No I have not been exposed to active tuberculosis.
- Yes No I have not been diagnosed with suspect or confirmed active tuberculosis.

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.

Signature	Date Signed (MM/DD/YYYY)
ANNUAL UPDATE	
Signature _____	Date Updated _____
Signature _____	Date Updated _____
Signature _____	Date Updated _____
Signature _____	Date Updated _____

K.A.R. 28-1-6

- (a) Amebiases;
- (b) Anthrax;
- (c) Chickenpox;
- (d) Cholera;
- (e) Diphtheria;
- (f) E. coli 0157:H7;
- (g) Gonorrhea;
- (h) Malaria;
- (i) Meningitis, meningococcal;
- (j) Meningitis, aseptic and other;
- (k) Mumps;
- (l) Pediculosis;
- (m) Pertusis;
- (n) Plague;
- (o) Poliomyelitis;
- (p) Rubeola;
- (q) Rubella;
- (r) Salmonellosis (nontyphoidal);
- (s) Scabies;
- (t) Shigellosis;
- (u) Staphylococcal disease;
- (v) Streptococcal disease, hemolytic;
- (w) Taeniasis (beef or pork tapeworm);
- (x) Tinea capitis and corporis (ringworm);
- (y) Tuberculosis;
- (z) Typhoid fever;
- (aa) Sexually transmitted diseases;
- (bb) Viral hepatitis type A;

OVER - COMPLETE BOTH SIDES OF FORM