CCL.357 Rev. 1/2014

## **Kansas Department of Health and Environment**

Bureau of Family Health 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Phone: 785-296-1270 Fax: 785-296-0803 Website: www.kdheks.gov/kidsnet

## 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.											
									e Number		
Facility Street Address:				City			Zip	Zip Code + 4		County	
First and Last Name o	f the Ind	ividual for wh	hich this Health	n Status ap	plies:			Date of Birtl	h (MM/D	D/YYYY)	
In case of emergency, First and Last Name:	progran	n staff should	d contact the fo	ollowing pe	rson.		Relatio	enship to you.	Their	Phone Nur	nber
Please check each quest 1. Do you see a he 2. Have you had a 3. Do you have an 4 Do you take any 5. Do you have an	ealth care any surgen ny health o y medicat ny chronic	e provider regu ry in the past 3 conditions whi tions which mi c illness condit	ularly for any he 3 years? ich might interfe ight interfere wit	ealth condition ere with your th your care interfere with	r care of chi th you	ldren or y r care of	youth?		<u>Yes</u>	<u>No</u>	
Headaches Heart Disease High Blood Pressure Lung Disease	<u>Yes</u> 	<u>No</u>  	Cancer Diabetes Convulsi Mental III	ions	<u>38</u> — — —	<u>No</u>  		Alcoholism Arthritis Liver Disease Other	<u>Yes</u> 	<u>No</u> 	
If you answer yes to a	ny of the	above, pleas	se explain furth	ner. Attach	an a	ditional	I page if n	eeded.			

Please o	check each of	the following statements:								
Ye	esNo	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).								
Ye	esNo	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).								
Ye	esNo									
Y	esNo	I have not been exposed to active tuberculosis.								
Y	esNo	I have not been diagnosed with suspect or con	firmed active tuberculosis.							
	and correct.	ty of perjury, that to the best of my knowle	edge, the information provided on this Health Status Form  Date Signed (MM/DD/YYYY)							
	ANNUAL UPD	ATE								
Signatu	ire		Date Updated							
Signatu	ire		Date Updated							
Signatu	ire		Date Updated							
Signatu	ire		Date Updated							
` '	8-1-6 Amebiases; Anthrax:									
(d)	Chickenpox; Cholera; Diphtheria; E. coli 0157:H' Gonorrhea;	<b>7</b> ;								
(h) (i) (j)	Malaria; Meningitis, me	ningococcal; eptic and other;								
(n) (n) (o) (p)	Pertusis; Plague; Poliomyelitis; Rubeola;									
(q) (r) (s) (t)	Rubella; Salmonellosis Scabies; Shigellosis;	(nontyphoidal);								
(u) (v) (w) (x)	Staphylococcal Streptococcal Taeniasis (bee Tinea capitis a	I disease; disease, hemolytic; f or pork tapeworm); nd corporis (ringworm);								
(y) (z) (aa) (bb)	Tuberculosis; Typhoid fever; Sexually trans Viral hepatitis	mitted diseases; type A;								