



Health Status Form for Persons working or volunteering in a Group Boarding Home or Residential Center

As required by K.A.R. 28-4-126(b) an individual shall attest to their health status. 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. Persons required pursuant to K.A.R. 28-4-126(c)(1) shall have a record of a negative tuberculosis test or x-ray on file

Name of the facility

License #

Address

City

Zip Code

County

Name of Individual:

Date of Birth:

Please check each question. If answer is yes, please explain.

Yes

No

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:

Headaches

Cancer

Alcoholism

Heart Disease

Diabetes

Arthritis

High Blood Pressure

Convulsions

Liver Disease

Lung Disease

Mental Illness

Other

If you marked any of the above, please explain further:

Please check each of the following statements:

I am free from any physical, mental, or emotional conditions as necessary to protect the health, safety, and welfare of children.
I am qualified by temperament and emotional maturity, can demonstrate an understanding of children, and will act with sound judgment.

When I am working or volunteering, I will not be in a state of impaired ability due to the use of alcohol, prescription or nonprescription drugs, or other substances.

I have not been exposed to active tuberculosis.

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

Annual Update:

Signature

Date

Signature

Date

Signature

Date

Signature

Date