

STAFF HEALTH REPORT – LICENSED CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 250.05(2)(d) and DCF 251.05(2)(a)3.a. of the Wisconsin Administrative Code. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The examining health professional will complete this form, sign Section B, and return the completed form to the individual for placement in the staff file.

A. STAFF INFORMATION FCC: provider, employee, substitute. GCC: persons who work directly with children except volunteers.

Name (Last, First, MI)

Position Title

B. PHYSICAL EXAMINATION

☐ Yes ☐ No I certify based upon my examination that this person appears free of symptoms of illness, including tuberculosis, or communicable disease that may be transmitted through normal contact.

☐ Yes ☐ No I certify based upon my examination that this person appears to be physically able to work with children.

NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

Comments:

SIGNATURE – MD, PA or other Health Check Provider

Name – Examining Health Professional (Type or Print)

Address – Health Professional Office (Street, City, State, Zip)

Date Signed (mm/dd/yyyy)