CHILD & FAMILY DEVELOPMENTAL PROGRAMS
Statement of Health

Federal & State Performance Standards Part 1302.93 (a)

(a) Program must ensure each staff member has an initial health examination and a periodic re-examination as recommended by their health care provider in accordance with state, tribal, or local requirements that include screeners or tests for communicable diseases, as appropriate. The program must ensure staff do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodation, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE

Name of Individual Examined: _____

EMPLOYER: Child & Family Development Programs

PURPOSE OF EXAMINATION: Initial employment exam, which includes a tuberculosis screen

THE MAJOR JOB RESPONSIBILITIES OF MY JOB DUTIES INCLUDE: (check all applicable)

☐ Food Preparation ☐ Driver of Vehicle ☐ Teaching Children ☐ Desk Work
☐ Facility Maintenance ☐ Occasionally lifting up to 50 pounds

THIS SECTION TO BE COMPLETED BY A HEALTH PROFESSIONAL

		YES	NO
1.	Is there a special medical problem or chronic disease which requires restriction of activity or medication that might effect his/her work role? If yes, explain on back of this form.	____	____
2.	Does this individual have any special medical problems or communicable diseases which might pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodations which might prohibit the individual from providing adequate care for the children? If yes, explain on back of this form.	____	____

3. Tuberculosis screening: Date: _____ Results: _____

Signature of Medical Provider _____ Today's Date _____

Name of Medical Provider _____ Telephone _____

Address of Medical Provider _____ Date of Exam: _____

_____

Please mail or fax this completed form to: Child & Family Development Programs
PO Box 10
Rainier, OR 97048
FAX: (503) 556-0705