

Child Care Licensing Program  
Curtis State Office Building  
Kansas Department of Health and Environment  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1274  
Phone: 785-296-1270 | Fax 785-559-4244  
Email: [kdhe.cclr@ks.gov](mailto:kdhe.cclr@ks.gov) | [kdhe.ks.gov/ChildCareLicensing](http://kdhe.ks.gov/ChildCareLicensing)



## Health Status Form

For Persons Working or Volunteering in a Child Care Facility

As required by K.A.R. 28-4-126(b) or K.A.R. 28-4-590(b)(4), individuals 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. *NOTE: 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 Provider/Staff (First, Middle, Last)	Date of Birth
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**Please indicate “yes” or “no” to each statement.**

I can appropriately carry out the following tasks:

- Yes  No      Supervise children and engage in childcare activities
- Yes  No      Stoop and bend
- Yes  No      Lift and carry a child (up to approx. 40 lbs)
- Yes  No      Get up and down from the floor
- Yes  No      Use stairs both up and down
- Yes  No      Stand for up to one hour at a time
- Yes  No      See, hear, and respond to a variety of situations quickly
- Yes  No      Apply appropriate facility procedures during high-stress or emergency situations
- Yes  No      Maintain records
  
- Yes  No      I am free from any physical, mental, or emotional conditions that prevent my ability to protect the health, safety, and welfare of the children. I am qualified by temperament and emotional maturity, can demonstrate an understanding of children, and shall act with sound judgment.
  
- Yes  No      When I am working or volunteering, I shall not be in a state of impaired ability due to the use of alcohol, prescription or nonprescription drugs, or other substances.
  
- Yes  No      I have not been exposed to active tuberculosis.
  
- Yes  No      I have not been diagnosed with suspect or confirmed active tuberculosis.  
*Ensure a record of a negative tuberculosis test or x-ray is on file if required by role in a child care center, preschool or family child care home, Does not have to be on form supplied by KDHE.*

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.

**Provider/Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<u>Annual Update</u>	
Signature _____	Date Updated _____