

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

DCF-F-CFS0384 (R. 04/2010)

STAFF HEALTH REPORT – CHILD WELFARE FACILITIES

Use of form: Use of this form is voluntary. However, completion of this form by a physician, physician's assistant or HealthCheck provider meets the requirements of DCF 52.12(3)(e), 57.15(2)(c) and 59.04(1)(b)3. This form or its equivalent must be completed and on file prior to staff working with residents. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: Each staff person shall present this form or its equivalent to the physician, physician's assistant or HealthCheck provider to be filled out and signed upon completion of the required health examination. The child welfare facility shall file the completed health report in the staff person's personnel record.

Name – Staff Person (First, MI, Last)		Position
Date – MANTOUX Tuberculin Skin Test	Results – MANTOUX Tuberculin Skin Test	If test was positive, was a chest X-ray completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

AUTHORIZATION

I certify, based upon my examination, that this person appears to be free of disability, communicable disease or illness transmitted through normal contact which would interfere with the staff person's ability to work with or care for residents.

SIGNATURE – Physician, Physician's Assistant or Health Check Provider	Name – Examining Health Professional (Type or Print)
Address – Health Professional's Office (Street, City, State, Zip Code)	Date – Examination