



Iowa Department of Health and Human Services
Child Care Provider Physical Examination Report
Child Care Center Personnel • Child Development Home Providers

Name:	Date of Exam:
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Child Care Providers:

- Have frequent contact with children (infant through school-age) in care.
- Are responsible for children’s physical care and social development day or/and nighttime hours.
- May need to lift children, bend, and stand for long periods of time.

Immunization Status:

All child care employees and providers shall consult with their physician regarding the receipt of age appropriate immunizations in accordance with the current Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule. Individuals involved in the provision of child care often come in contact with very young children, whom may or may not be fully immunized against vaccine-preventable diseases. It is essential every child care employee and provider discuss with their physician the benefits and risks associated with receiving or not receiving all ACIP age appropriate immunizations before becoming involved in a child care setting.

(Physician Must Check One)

- Patient’s immunization history was reviewed and patient is current with all ACIP recommended immunizations.
- Patient received consultation regarding the receipt of age appropriate immunizations in accordance with the current ACIP recommended immunization schedule and declined the following recommended vaccinations:

Tuberculosis Screening:

All child care staff/providers are required to receive a baseline screening for Tuberculosis. Baseline screening shall consist of two components:

1. Assessing for current symptoms of active TB disease.
2. Screening for risk factors associated with TB.
NOTE: ONLY perform a TST or IGRA if the patient has an identified risk factor and/or current symptoms of TB disease. Do not test individuals with previous past positive test results.

(Physician Must Complete - Check And Date)

- TB signs/symptoms assessment and TB risk factor screen completed Date: _____
- TST or IGRA test completed (if indicated) Date: _____

** Tuberculosis medical consultation and TB medications can be accessed by calling the Iowa Department of Health and Human Services, Tuberculosis Control Program at 515-281-8636 or 515-281-7504.



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Overall Health Status:

Does the individual have a known communicable disease or other health conditions that poses a threat to the health, safety, or well-being of children?

- Yes (if yes, describe in detail below.) No

Does the child care provider have a condition that limits the provider's ability to safely supervise or evacuate multiple dependent children in case of emergency?

- Yes (if yes, describe in detail below.) No

Conclusion:

- Individual may be involved with child care
- Individual may be involved with child care, with the following accommodations and restrictions (please describe below)
- Individual may not be involved with child care

Necessary Accommodations or Restrictions to Meet the Demands of Providing Child Care

May use stamp

Health Care Provider Signature _____

Circle the Provider Type **MD** **DO** **PA** **ARNP** **DC**

Address: _____ Telephone: _____