

LANCASTER COUNTY YOUTH INTERVENTION CENTER

235 Circle Avenue
Lancaster, PA 17602
717-299-7821

Staff Health Statement (3800.151 – 152)

Instructions:

This form must be completed for all paid and unpaid persons, employees, and contracted personnel, including volunteers, who will come into direct contact with children on a regular and significant basis, or who prepare and serve food. A serious communicable disease is one that may be spread through casual contact, and is of a serious nature as defined by the physician. This does not include diseases such as active tuberculosis, HIV/AIDS or hepatitis since these are not spread by casual contact. Testing for serious communicable diseases is at the discretion of the medical professional, including routine TB testing. The precautions should specify any necessary actions to prevent the spread of the disease to children, that could occur in the course of the person's normal work duties.

(Please complete only Section 1 or Section 2)

Section 1

_____ is free of serious communicable disease that may be spread through
(Print Name)
casual contact.

(Print Name of Physician, Nurse Practitioner, or Physician's Assistant)

(Date)

(Signature of Physician, Nurse Practitioner, or Physician's Assistant)

Section 2

_____ has a serious communicable disease that may be spread through
(Print Name)
casual contact but is able to work in this facility if the following specific precautions are taken to prevent the spread of disease to children.

(Print Name of Physician, Nurse Practitioner, or Physician's Assistant)

(Date)

(Signature of Physician, Nurse Practitioner, or Physician's Assistant)