



# HEALTH INFORMATION

In order to maintain a safe and healthy environment for both children and employees, NO APPLICATION WILL BE CONSIDERED WITHOUT THIS FORM.

To the best of your knowledge, have you, your spouse, your child, anyone in your family or other unrelated persons living or working in your household (past or present) ever been exposed to, contracted, or tested positive for any of the following communicable diseases:

	YES	NO
Tuberculosis	_____	_____
HIV	_____	_____
Meningitis	_____	_____
Hepatitis	_____	_____

If you answered "yes" to any of the above, please explain in full detail using the space below (use back of page if necessary). Additionally, if you answered "yes" to any of the above, a physician's statement will be required prior to consideration of your application.

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Mother's Signature/Date

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Father's Signature/Date

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Legal Guardian's Signature/Date

NOTE: If divorced or separated, signatures for both mother and father are required.