



HEALTH STATEMENT

I, _____, attest that:
(Print Name)

- (1) Generally, I am in good health.
- (2) I have complied with any health screens that have been required by my current employer and/or educational institution, including:
 - a. Immunization against rubella, or serological evidence of immunity;
 - b. Immunization against measles (rebeola), or serological evidence of immunity; and
 - c. Evidence of ppd (Mantoux) skin test for tuberculosis within the past 12 months.
- (3) I have been without a cold, a fever, coughing or sneezing for the past 24 hours.

Individual:

Signature: _____

Print Name: _____

Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ - _____ - _____

Date: _____

Parent or Guardian of Minor:

Signature: _____

Print Name: _____

Date: _____