

Parent Wellness Statement

The Child Care Center Licensing manual Title 22, Section 101216 states:

The good physical health of each volunteer who works in the center shall be verified by:

1. *A statement signed by each volunteer affirming good health.*
2. *Results of a negative tuberculosis test not more than one year prior to enrollment date*
 - a. *Or a doctor note stating not in high risk group*
3. *Proof of immunization to measles, pertussis (whooping cough), and influenza vaccine not more than one year prior to enrollment date*
(The Influenza vaccine may be declined by signing a declination form)

I will be assisting in a preschool setting. It is my opinion that I am physically and mentally able to carry out duties as required of a preschool aide.

My signature affirms that I am in good health and have the required immunizations:

1. Negative **TB** test less than 1-year old
2. Proof of immunization to **measles (MMR)**
3. Proof of immunization to **pertussis (Whooping cough - T-DAP 10 years)**
4. Proof of **influenza** vaccination or **Declination of influenza** statement signed

Parent Name: _____ Child's Name: _____

Parent signature: _____

Date: _____

Where do I get a TB test?

- Check with your personal physician
- Axis Community Health 4361 Railroad,
Pleasanton 925.462.1755
- Pleasanton Urgent Care 3128 Santa Rita
Road 925.462.9300

Your health care provider may use the space below to document TB test results or you may attach a copy of your negative TB test and immunizations

TB test results

Name: _____

Date given: _____

Date TB test read: _____

Results: _____ Positive

_____ Negative

[] Physician Medical facility info:

[] Physician's Assistant _____

[] Nurse Practitioner _____

[] Other: _____ _____

X _____