

Staff Health Questionnaire

(To be completed by all staff, substitutes and volunteers and placed in file once per year)

NAME _____
Last First Middle

HOME ADDRESS _____

TELEPHONE NUMBER _____

HEALTH STATUS

1. I am in excellent mental and physical health and am free of communicable disease.

(If not, please explain)

2. I take the following medications regularly (please explain)

This health statement is accurate to the best of my knowledge. I will advise the director if my health status changes.

Signature _____ Date _____