

Loomis Community Preschool

Statement of Good Health for Parent/Caregiver Volunteer

Name _____

Birthdate _____

I will be a volunteer worker in a cooperative preschool. The duties of this position include direct work with groups of young children. Good physical health and emotional stability are necessary.

I am physically and emotionally able to be a volunteer in a preschool program.

Parent/Volunteer Signature _____

Date _____

Tuberculosis (TB) Test Report

A negative TB test result is required of all volunteers in a child care program. The test must be completed no more than one year from the first day of attendance.

A medical professional can complete the section below and/or you can attach your TB test results to this form.

Name: _____

Test Date: _____

Report Date: _____

Results: _____

Physician's Signature: _____