



UCAN Head Start

VOLUNTEER HEALTH APPRAISAL

To be filled out by a licensed medical provider.

Volunteer Name (printed): _____

Volunteer Signature: _____

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To the best of your knowledge, does this individual have any medical concerns related to a communicable disease including but not limited to Tuberculosis, Hepatitis A, B and C, which might interfere with the health of the children or other staff, or that might prohibit the individual from doing their job? If determined to be at risk, may the risk be eliminated or reduced by reasonable accommodations for employment within a childcare setting?

_____ Yes

_____ No

Date: _____

Recommended date for next health appraisal related to the existence of a communicable disease (if applicable): _____

Name and address of Health Care Provider:

Signature of Health Care Provider

Date signed