

Health Screen For Almaden Parents' Pre-School Classroom Volunteers

I, (volunteer's name)_____.

herby certify that I am in good general health, free from communicable disease, and am physically, mentally, and occupationally capable of performing my assigned duties as outlined in the APPS Parent Obligations and Agreements for the present school year.

I understand if I become ill, I am still required to have my duties covered and will need to arrange for a substitute.

If I become unable to perform my assigned duties for a prolonged length of time due to medical conditions, then a medical leave of absence may be granted at the discretion of APPS. To be considered for a medical leave, I must notify the APPS president and provide a signed doctor's note which clearly indicates the extent of my limitations and the expected length of absence. I give APPS authorization to verify the content of that note with the doctor who provides it. I understand that no leave will be granted without the approval of the APPS Board of Directors.

Note any health conditions that may create a hazard to the person or the children:

Signature of Volunteer: _____ Date: _____

Name of Enrolled Child: _____