

# 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)

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_