



Mission Lutheran School
24360 Yosemite Laguna Niguel, CA 92677
(949) 643-8311

VOLUNTEER STATEMENT OF GOOD HEALTH

Mission Lutheran School is a licensed childcare program and is governed by California Community Care Licensing Regulations. These regulations require that all personnel, including volunteers, be in good health and shall be physically and mentally capable of performing assigned tasks. This requirement is to ensure the health and safety of children enrolled in the licensed preschool program. By signing below, I am affirming that I understand the reasons a Statement of Good Health is required and that I am in good health.

State Licensing Vaccine Requirements: (Please attach vaccine record)

- TDaP (every 10 years)
- MMR or proof of immunity
- TB Skin Test
- Current Flu Vaccine (waivers available in the school office if necessary)
- Statement of Good Health (*this form*)

I, _____ acknowledge the following facts:

1. I declare that I am of good physical and mental health.
2. I am free of any communicable diseases.
3. I declare that I am not currently suffering from any ailment or disease.
4. I do not have any health conditions which would adversely affect the children being served.
5. I receive yearly physical exams.
6. I declare that I have the required vaccines needed for volunteering in the classroom at Mission Lutheran School.

By signing below, I certify that the above statements are true, and I am not at risk of transmitting communicable diseases.

I have read and fully understand the information on this declaration form.

Print Name: _____ Date: _____

Parent Signature: _____ Date: _____