

Cerritos College
Health Occupations Division
Child Development Department – CDEC 164 Practicum

STATEMENT OF GOOD HEALTH

Practicum Site: _____

Mentor Teacher: _____

Note: All volunteers in Community Care Facilities shall be in good general health, free from communicable disease and free of any health condition which would adversely affect the children being served.

Directions: Fill out form completely. Do not leave any blanks. Use either black or blue ink. Keep in Log-In folder, for the semester, along with results from TB Test.

Name:

Date of Birth:

Address:

City/Zip Code:

Cell or Home Phone:

Name of Course:

Instructor:

CDEC 164 Practicum

Susan Gradin

Number of Volunteer Hours Required for Semester: 54

Date of Last Physical Exam:

Date of T.B. Test:

Self Evaluation of General Health: _____

Note any condition that could create a hazard to the children served or Center personnel: _____

Signature of Student Volunteer: _____ Date: _____

(Statement of Good Health – 1/7/13)