

**IOWA CHILD CARE STATEMENT OF HEALTH<sup>18</sup>**  
**Volunteers • Substitutes**

Name of Volunteer or Substitute:

**STATEMENT OF HEALTH**

Have you had a physical exam within the last year?  YES  NO  
Would you like assistance finding a resource for a physical exam?<sup>19</sup>  YES  NO

**Communicable Disease**

Do you have a communicable disease poses a threat to the health, safety, or well-being of children or limits your job duties?  YES  NO  
(If yes, list the recommended restrictions.)

Do you have a positive TB test or have a history of tuberculosis?  YES  NO Date of positive test \_\_\_\_\_  
Have you completed medical diagnosis and treatment?  YES  NO

*If you need diagnosis and/or medical treatment for tuberculosis, please contact the Iowa Department of Public Health,  
Tuberculosis Program, 515-281-8636*

List the recommended job duty restrictions

**Health Status**

Do you have a health condition(s) that poses a threat to the health, safety, or well-being of children or could place you at risk for injury while caring for children in a child care setting?  
 YES  NO  
(Please list the recommended job duty restrictions.)

Signature of Volunteer or Substitute \_\_\_\_\_ Date \_\_\_\_\_

<sup>18</sup> Meets Iowa Administrative Code 441-109 Child Care Centers, section on volunteers and substitutes.

The Iowa Administrative Code 441-110 does not address the health statement requirements for volunteers or substitutes.

<sup>19</sup> The Iowa Department of Public Health has various health programs for women and men to assist in health promotion. Order more forms at the Healthy Families Line 1-800-369-2229. October 2002