



Job Shadowing Program Applicable Health Information

Please list all known allergies/significant medical conditions: _____

Please read the following statements and sign next to the statement if you agree that the statement is accurate.

- The following immunizations are up to date for me / my child:
Influenza Immunization (Required between October 1 and April 30)

I / my child will only participate in the Job Shadow Program if free from infectious disease on the day of the program.

Participant's Printed Name

Participant's Signature

Date

If under 18 years of age, signature of parent or legal guardian is required.

Parent/Legal Guardian Printed Name

Signature of Parent/Legal Guardian

Date