



## Job Shadowing Applicable Health Information

Please read the following statement and check the box next to the statement if you agree:

- The following immunizations are up-to-date for me / my child.
  - MMR (Measles, Mumps & Rubella) Positive antibody levels for this will also be acceptable
  - History of Varicella or Varivax (Chicken pox or Chicken pox vaccine)
  - Tetanus/Tdap
  
- I / my child will only participate in the Job Shadowing Program if free from infectious disease on the day of the program.
  
- I / my child have had Tuberculosis (PPD) skin testing within the last 6 months with a negative result. Proof of PPD to be brought in at time of shadowing.

\_\_\_\_\_  
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's Printed Name

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date