Health Risk Disclosure Form
Staff Member Information

Name: _________________________________________  Start Date: __________________________

Position: _______________________________________  Supervisor: _________________________

I, ____________________________________________, understand that whenever caring for children at
[Click to Enter Center Name]  there is a possibility of exposure to diseases including but not limited to
cytomegalovirus, fifth disease, rubella, flu and other viruses. I understand higher risk factors exist that pertain
to pregnant women.

My signature below indicates that I understand the inherent risk of exposure in a childcare setting. My
signature further acknowledges I will hold the [Click to Enter Center Name], and all of its agents harmless and
assume sole responsibility to manage these risks with my personal primary care provider.

Print Employee's Full Legal Name  Employee's Full Legal Signature  Date

Print Supervisor's Full Legal Name  Supervisor's Full Legal Signature  Date

DISCLAIMER

CCA For Social Good is not engaged in the practice of law, nor can it advise you on legal matters. We strongly recommend that you
review the provisions of this document with a qualified local Attorney specializing in Employment Law prior to distributing this
document. There are numerous federal, state, and local labor laws affecting employer and employee matters, and those laws
change frequently and vary from state to state. CCA may update this document from time to time but has no obligation to do so.

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