

# [Click to Insert Center Name]

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## 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.