

## COMMUNICABLE DISEASE STATEMENT

Name \_\_\_\_\_ Student ID or EMPL No. \_\_\_\_\_

I have been informed of the relatively common occurrence in schools and day care centers of communicable diseases, such as impetigo, roseola, mumps, whooping cough, scarletina, and human parvovirus B19 infection, rubeola, rubella, epidemic pseudoscarletina and the fifth disease (erythema infectiosum). I understand that it is my obligation to consult with my physician if I am concerned with the possible effects of any of the above or other communicable childhood diseases I may encounter in my education certification field experiences.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Student Teacher/Intern)