

Adult Classroom Helper Health Form
Please have medical provider fill out the form.

Trinity Nursery School
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This is to verify that the following named adult(s):

is (are) medically able to help for a few hours a day on an occasional basis and poses (pose) no significant risk to the nursery school students (i.e. free from TB, other communicable diseases, mental illness, erratic behavior, etc.)

Please verify the results of most recent TB test and date given. _____

Date: _____

Signature of Physician: _____

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