

## Health Statement – Part II

This form may be used to fulfill the requirements under Section 63.1 – 196.3 of the Code of Virginia and Section 30.2-4 of Chapter 30 of the Fairfax County Code.

Little Acorn Patch, 5801 Castlewellan Drive, Alexandria, VA 22315  
Name of Child Care/Private School Facility

\_\_\_\_\_  
Name of Staff Member

STATEMENT REQUIRED BY SECTION 63.1- 196.3 of the Code of Virginia:

I certify that \_\_\_\_\_ is free from any disability which could prevent him/her from caring for children.

Physician's, or physician's designee, signature: \_\_\_\_\_

\_\_\_\_\_  
Please Print Name:

Date: \_\_\_\_\_  
Month Day Year

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No: ( ) \_\_\_\_\_ - \_\_\_\_\_