

Health Statement – Part III

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.

Signature

Please Print Name:

Date: _____
Month Day Year