

Optional Blood Born Pathogens Questionnaire,

Does your child have any blood born pathogens or any other medical conditions that may require special attention?

\_\_\_\_\_ No

\_\_\_\_\_ Yes Please Explain \_\_\_\_\_

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child \_\_\_\_\_

**\*\*Please note that you are not required to answer this question and that all information provided to us is optional. This confidential information is for our records only and will not be disclosed to any third parties.**