



DIVISION OF EARLY LEARNING
Licensing and Compliance Unit

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MAILING ADDRESS: 810 FIRST STREET, NE • 4th FLOOR • WASHINGTON DC 20002

EMPLOYEE/VOLNTEER HEALTH INFORMATION
(Print or type)

Facility: _____

Address: _____

Telephone: _____

Employee: _____

Date of Birth: _____

Employee
Address: _____

Home
Telephone: _____

Known Allergies: _____

Physician: _____ Telephone: _____

Address: _____

Person to be contacted in an emergency:

Name: _____ Relationship: _____

Address: _____

Telephone: _____

I have I have no health insurance (check one).

Health Insurance Company: _____

Insurance Coverage: _____

Employee's Signature: _____ Date: _____

PLEASE RETAIN A COPY FOR YOUR FILES