

I hereby confirm that to the best of my knowledge, none of my family members are suffering from any contagious or infectious disease on the date of signature. I understand that the term “contagious and infectious diseases” includes, but is not limited to:

Measles	Tuberculosis
Mumps	Hepatitis A
Rubella	Hepatitis B
Chicken Pox	Whooping Cough

I further undertake to inform the Principal of Shenyang International School if any of my family or of my domestic employees contracts such a disease, and will act according to the school's requirements in such a case.

I understand that these requirements may include isolation at home of one or more infected or at-risk family members or domestic employees, in the health interests of the school community. I agree to have my family undergo medical checks to certify that return to school is safe, at the expense of the family, by a medical practitioner appointed by the school.

Student Name: _____

Grade: _____

Parent / Guardian Signature

NAME IN UPPER CASE