



Parent/Legal Guardian to complete the following:

CPR/FIRST AID AND TB CERTIFICATION
(Check and Sign Applicable Statement)

CPR/FIRST AID AND TB CERTIFICATION DECLINATION

I, _____ (Parent/Legal Guardian), understand that Choice Home Care employment policy requires my respite worker(s) to provide proof of current TB vaccination and CPR/First Aid training certification.

However, I decline and authorize to waive these requirements:

- CPR/First Aid Training
- TB Certification

I agree to hold Choice Home Care Inc. their owners, directors, staff and agents, from any and all liability arising out of my declination of the CPR/First Aid and TB certification requirements.

Signature: _____ Date: _____

Name of Dependent/Child: _____

Name of Assigned Respite Worker(s): _____
