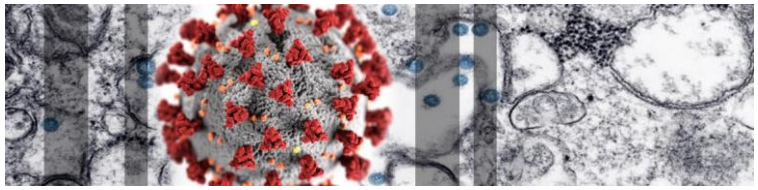
Community Support Network, Inc.

THE ASSOCIATION FOR NEW HAMPSHIRE'S TEN AREA AGENCIES



Employee Disclosure Form

Date	Employee Name (Print)	I have not experienced any cold or flu symptoms within the past 72 hours (Check if you agree)	I have not traveled out of NH in the last two weeks (Check if you agree)	Current Body Temperature (To be taken on arrival for shift)	Signature