



**AARON COMMUNITY CULTURAL  
 CENTER (ACCC)  
 WWW.ACCCBSM.COM  
 ACCCBSM@GMAIL.COM  
 800.527.4184**

**HEALTH FORM**

ACCC Guest Name: \_\_\_\_\_

Is Free of any infectious or communicable diseases.

TB Test: Negative

Negative on Medication

Free Clinic  Community Clinic

Medical Center  Doctor: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_

Signed By: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

**Thank You for Your Assistance.**