Post Job Offer – Pre-employment Health Screening Form

Name: _____

Address: _____City: _____ State: _____ Zip: _____

Blood Pressure: _____ Pulse: _____ Respirations: _____ Temp:_____
Nurse Signature: _____ Date: _____

Have you ever had or do you currently have: any communicable disease such as tuberculosis, hepatitis or other infectious disease?_____ If yes, please explain: _____.

Have you traveled to an area or country that would place you at risk for being exposed to an infectious disease such as Ebola? _____ If yes, Please explain including list dates of travel_____.

Do you have any medical condition that could cause harm to a resident or other staff member? _____ If yes, please explain:_____.

HEALTH HISTORY: **(Employee complete: Check all that apply)** General Health: _____Good _____Fair _____Poor

___Asthma	___Back Disorder	___Medications	___Lung Disease
___Arthritis	___Impaired Vision	___Kidney Disorder	___Seizures, Convulsions
___Diabetes	___Fainting	___Muscular Disease	___Impaired Hearing
___Ulcers	___Head Injuries	___CTS/Tendonitis	___High Blood Pressure
___Hernia	___Anemia/Fatigue	___Rheumatic Fever	___Skin Disease
___Temp over 100 degrees		___Rash	___Inflammation/Pus
___Sore Throat	___Cough/Congestion	___Bloody Sputum	___Unplanned wt loss
___Claustrophobia	___Night Sweats	___Loss of appetite	___Diarrhea

___ Other (please explain):_____

Explain any "yes" answers:_____
By signing this form, I declare all information to be accurate and any falsification or misrepresentation of this information will be sufficient grounds for terminating my employment. I also understand the facility may ask me to obtain a written medical release from my physician to be obtained at my own expense.

Employee Signature: _____ Date: _____

___Approved for hire **OR** ___Referred to physician for further review: Appointment date/time _____

Reviewed by: _____ Date: _____
(Nursing Signature)

_____ Based on this examination and review of the physical requirements of this position, I have found no indication of any condition, which might represent a possible hazard to the health of patients or to other employees in the institution in accordance with the above stated instructions.

_____ This employee is not able to perform the essential functions of the job.

Physician Signature: _____ Date of Review: _____

Updated: 12-2014