

ANNUAL HEALTH ASSESSMENT

NAME: _____ SKILL: _____ DATE: _____

THIS ANNUAL HEALTH ASSESSMENT IS NOT INTENDED AS A COMPLETE PHYSICAL EXAMINATION. IT DOES NOT REPLACE MEDICAL CARE OR ADVICE THAT YOU SHOULD SEEK FROM YOUR DOCTOR.

I UNDERSTAND THAT ANY FALSIFICATION OR MISREPRESENTATION OF MY PAST MEDICAL HISTORY IS GROUNDS FOR TERMINATION OF MY EMPLOYMENT.

EMPLOYEE SIGNATURE: _____

WITHIN THE PAST 12 MONTHS I HAVE HAD: (CIRCLE YES OR NO)

- | | | | |
|---|----------|----------------------|----------|
| 1. Surgery | YES NO | 10. Diabetes | YES NO |
| 2. Disabling Injury | YES NO | 11. Fractures | YES NO |
| 3. Back Problems | YES NO | 12. Hernia | YES NO |
| 4. Seizures | YES NO | 13. Fainting | YES NO |
| 5. Chronic Coughing | YES NO | 14. Mental Illness | YES NO |
| 6. Asthma | YES NO | 15. Arthritis | YES NO |
| 7. Allergies | YES NO | 16. Sinus Problems | YES NO |
| 8. Skin Disease/Rash | YES NO | 17. Hypertension | YES NO |
| 9. Heart Condition | YES NO | 18. Weight Change | YES NO |
| | | 19. Stomach Problems | YES NO |
| 20. Restriction From Work For Health Reasons? | | | YES NO |
| 21. Treatment Of Any Infection? | | | YES NO |
| 22. Are You Taking Any Medication? | | | YES NO |
| 23. Are You Currently Under The Care Of A Physician? | | | YES NO |
| 24. Have You In The Last Year, Been Exposed To Anyone With Active Tuberculosis? | | | YES NO |

Explanation Of Any Yes Answers: _____

TUBERCULOSIS QUESTIONNAIRE

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|---|----------|--|----------|
| 1. Unplanned Weight Loss | YES NO | 9. Have You Recently Been Diagnosed With Diabetes, Silicosis, HIV, Renal Disease, Or Liver Disease | YES NO |
| 2. Night Sweats | YES NO | 10. Have You Ever Tested Positive On PPD Test? | YES NO |
| 3. Chronic Cough In Absence Of Cold Or Flu | YES NO | 11. If You Marked (Yes) To Any Of The Above Questions, Are You Currently Being Seen By A Physician? | YES NO |
| 4. Coughing Blood-Streaked Sputum | YES NO | 12. Have Traveled In The Past Year To Mexico Or Any Other Country In Latin America, The Caribbean, Africa, Eastern Europe Or Asia For Longer Than 3 Weeks? | YES NO |
| 5. Fever Lasting Several Weeks | YES NO | | |
| 6. Unusual Tiredness Or Weakness Lasting Weeks | YES NO | If So, Specify Which Country/Countries? _____ | |
| 7. Pain In Chest When Taking A Breath | YES NO | | |
| 8. Have You Been Recently Exposed To Someone With Active TB | YES NO | | |

*****DO NOT WRITE BELOW THIS LINE*****

By my review of the information provided by the employee on this form and by my assessment of this employee, I attest that this employee denies any health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties.

COMMENTS/LIST ANY CURRENT MEDICATIONS: _____

RN SIGNATURE: _____ DATE: _____