



Health Screening

All employees must have a health screening every 2 years.
This must be completed by a Physician, PA or Nurse Practitioner.

NAME: _____ POSITION: RN LPN Aide Office
Other: _____

Physical Exam: B/P _____ P _____ R _____ Height _____ Weight _____

General Observations:

***NOTE: Duties of Nurses and Home Health Aides may involve lifting, pulling, transferring of patients and climbing stairs.**

Restrictions:

PPD SKIN TEST #1 Date _____ Site _____ Brand _____ Lot# _____

Results: Negative Positive: _____ mm induration ****If Positive, CXR is necessary**

Date _____ Read by: _____

PPD SKIN TEST #2 Date _____ Site _____ Brand _____ Lot# _____

Results: Negative Positive: _____ mm induration

Date _____ Read by: _____

• RUBELLA / **RUBEOLA TITERS: Does this patient have titres on record? **Yes No**
If yes please supply copies. If not they must be done. **Rubeola Titer is only mandatory if DOB is after 12/31/56. Date of Birth: _____

The person named above is physically and medically qualified to perform the duties of the position stated above. I have found no indication of any condition that might pose a direct threat to the health of patients or employees.

Examiner's Printed Name: _____ Signed: _____

Phone: _____ Address: _____ Date of exam: _____