



# HEALTH ASSESSMENT FORM

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Employee Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Examination Date \_\_\_\_\_ Date of Report \_\_\_\_\_

PPD #1-Mantox ( *within one year* ) Given: \_\_\_\_\_ Read: \_\_\_\_\_ Result mm induration [ - ] \_\_\_\_\_ Result mm induration [ + ] \_\_\_\_\_  
 PPD #2-Mantox Given: \_\_\_\_\_ Read: \_\_\_\_\_ Result mm induration [ - ] \_\_\_\_\_ Result mm induration [ + ] \_\_\_\_\_

OR

Chest X-Ray: ( *attach report* ) Given: \_\_\_\_\_ WNL [ ] \_\_\_\_\_ RF [ ] \_\_\_\_\_

Result

Immunity Status

Rubella ( German Measles ) *Titer* \_\_\_\_\_ Date \_\_\_\_\_

Rubeola ( American Measles ) *Titer* \_\_\_\_\_ Date \_\_\_\_\_

Mumps *Titer* \_\_\_\_\_ Date \_\_\_\_\_

Varicella ( Chicken Pox ) *Titer* \_\_\_\_\_ Date \_\_\_\_\_

Hepatitis B Surface Antibody HBsAB Results \_\_\_\_\_ Date \_\_\_\_\_

*( If positive, there is Immunity for Hepatitis B Virus, therefore NO NEED to take Hep B Antigen )*

Date(s) of Hepatitis B Vaccinations (Recombivax HB) \_\_\_\_\_  
*( Three doses over six month period )* 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Date(s) of other vaccinations (MMR; Attenuvax; MeruvaxII; Varivax) \_\_\_\_\_  
*( Two doses 4 - 8 weeks apart )* 1 \_\_\_\_\_ 2 \_\_\_\_\_

Hepatitis B Surface Antigen Results \_\_\_\_\_ Date \_\_\_\_\_

Tetanus ( *Not Mandatory* ) Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Urine Drug Screening: ( - ) \_\_\_\_\_ ( + ) \_\_\_\_\_ Date \_\_\_\_\_  
*( Ten Panel / attach report )*

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

I have examined \_\_\_\_\_ and determined that he / she is free of any health impairment which is of potential risk to patients or which might interfere with the performance of his / her duties.

\_\_\_\_\_  
 Signature Date LIC#

Physician's Name ( *please print* ) \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

*( This form is not valid unless stamped by MD / authorized provider. )*

**NOTE**  
 ALL LAB REPORTS  
 MUST BE ATTACHED!

STAMP HERE