

# Annual Employment/Service Health Assessment

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The New York State Department of Health (DOH) mandates that all employees and members of the Medical Staff employed or providing services at a hospital in the North Shore-Long Island Jewish Health System are required to provide an annual health assessment.

**Instructions – Both 1 and 2 below must be completed for personnel to be compliant with the above regulations.**

1. Completion of the attached Annual Health Assessment Form
2. Tuberculosis Screening Compliance:
  - All personnel with a history of negative Tuberculin Skin Testing (TST/PPD) will need a new TST placed and read.
  - All personnel with a history of positive Tuberculin Skin Testing (TST/PPD) are required to complete the Communicable Disease section part B (Tuberculosis signs and symptoms evaluation) on the attached Annual Health Assessment form.
  - Chest x-ray report is required for new TST converters within the last 12 months

# Annual Employment/Service Health Assessment

Date:		Employee # (if applicable):		Social Security #:
Last Name:		First Name:		M.I.:
Street Address:		City:		
State:	Zip Code:	Email Address:		
Home #:	Cell #:	Date of Birth:    /    /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name of hospital (s) currently employed at and/or providing services at:				
Position/Job Title:		Work #:		
Department:		Division:		
In case of emergency, please notify - Name:		Relationship:		
Home #:	Work #:	Cell #:		

**HEALTH HISTORY- Check Yes or No**

	YES	NO
1. Have you developed any allergies and/or sensitivities to any medications, food, LATEX, plants or chemicals? If yes, please specify substance and reaction.		
2. Does your job require you to use a respirator and therefore be fit tested? If NO, skip this section If YES, proceed to question 3 and 4		
3. Have you had any experiences or condition that affects the fit of the respirator (e.g. facial structure change, weight gain/loss)?		
4. Have you had any major changes in your health as it relates to cardiac or pulmonary function?		

**INFECTION CONTROL:** If your job requires that you have patient contact, you are required to maintain clean, natural, short (1/4") nails (no wraps or other artificial nails allowed)

**COMMUNICABLE DISEASE:** Annual Tuberculosis Screening is required for ALL personnel  
**Either Box A or B applies**

<b>A. Yearly Tuberculin Skin Testing (TST/PPD) is mandatory for all personnel who have been Negative in the past.</b> EHS can provide the TST for you or you can submit proof of your annual TST to our office.
<b>B. For persons who have had a positive reaction to TST/PPD check all statements that apply:</b> Symptoms review: <input type="checkbox"/> Fever <input type="checkbox"/> Weight Loss <input type="checkbox"/> Night Sweats <input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> None
<b>(The Infection Control and Risk Management Department will be notified of all new TST conversions.)</b>

**To be read and signed by employee/affiliate:**

I certify that I have disclosed all known current health conditions or problems that may pose a potential risk to others or which may interfere with the performance of my duties and/or services. I also certify that I do not use illegal drugs, nor do I misuse/abuse controlled or other substances which may alter or impair my behavior and/or ability to function. I understand that failure to disclose requested medical information or giving false or misleading answers would be sufficient cause for my dismissal or loss of hospital privileges.

_____/_____	_____ Date: ____/____/____
Signature	Print Name

\_\_\_\_\_  
EHS Reviewer Name

☐ Cleared ☐ Referred To: \_\_\_\_\_

Annual Health Assessment Form

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