

STAFF HEALTH ASSESSMENT

BI-ANNUAL EXAMINATION Year: _____

[Print]
Employee/Patient Name: _____ Position/Center: _____

PART I. Medical Health History

The physical examination should include a functional assessment of vision, hearing and symptoms review, looking for conditions that might affect performance, or predispose this individual to occupational injury related to the attached job description.

Are there any medical conditions or restrictions to prevent this employee from performing the essential job functions and/or responsibilities of the job? Yes No
If Yes, please attach information and recommendations

PART II. Infectious Disease

Discuss conditions that affect women of childbearing years.
Immunization Status: Please review adult immunization status and provide when appropriate.
This includes, but is not limited to: Tdap Pneumovax HBV MMR Hep A Zostavax

PART III. Evaluation of TB Status/Past History and Screening Process

Employees of Luzerne County Head Start, Inc., are required to have a TB Mantoux test upon hire then to submit to a screening process every two (2) years thereafter. The section of TB Status is intended to identify and screen individuals considered in the higher risk population according to the Centers for Disease Control. Once identified, an employee will be required to obtain a TB Mantoux test from their health care provider at the time of this assessment.

Employee - It is understood that any **YES** answers to the following questions will require the employee to have a TB screening at this assessment.

Employee/Patient must answer the following:

- Did you visit any of the following countries for at least sixty (60) days within the past three (3) months:

Indonesia	Phillipines	Countries in Latin/South/Central America
Asia	Africa	*Including Mexico and the Caribbean
Eastern Europe	Russia	
- Do you have a history of homelessness/living in group shelter in the past two (2) years?
- Are you HIV infected or inject illicit drugs?
- Do you have close contact with anyone in prison population in the past two (2) years?
- Do you have close contact with someone with active TB in the past two (2) years?
- Do you work in a health care facility, correctional institution or homeless shelter?

YES Answers - This indicates the need for a Mantoux. If history of positive Mantoux/BCG, Chest x-ray is to be conducted **only if exhibiting symptoms of possible TB.**

Chest X-Ray (if applicable) Test Date: _____ Result: _____

All NO Answers - No TB Mantoux Test Required

Attest: I have answered these questions to the best of my knowledge and will alert Luzerne County Head Start if any conditions change or if a positive result and/or follow-up is needed.

Employee Signature: _____

Physician Comments: _____

Physician's Signature

Physician's Name (Print or Stamp)