



When complete, fax to 929.333.2961  
For questions, please call 718.989.4036

### CAREGIVER PRE-EMPLOYMENT MEDICAL SCREENING

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

#### 1. CURRENT BEHAVIORAL HEALTH

Psychiatric or Behavioral Disorder:  No  Yes If yes, please check one:  
 In Treatment  In Remission

Drug/alcohol abuse or addiction:  No  Yes If yes, please check one:  
 In Treatment  In Remission

#### 2. TUBERCULOSIS TEST

**PPD (MANTOUX)** \_\_\_\_\_

DATE GIVEN: \_\_\_\_\_  
DATE READ: \_\_\_\_\_

**RESULTS**  
NEGATIVE: \_\_\_\_\_ mm POSITIVE: \_\_\_\_\_ mm

OR

**TB BLOODWORK (QUANTIFERON or T-SPOT)** \_\_\_\_\_

DATE DRAWN: \_\_\_\_\_

**RESULTS**  
 NEGATIVE  
 POSITIVE

*Attach lab results*

**IF +TB TEST, CHEST X-RAY REQUIRED** \_\_\_\_\_  
(must include +TB Test results)

CHEST X-RAY DATE: \_\_\_\_\_  
 WITHIN NORMAL LIMITS (WNL)  
 ABNORMAL

LATENT TB TREATMENT (if needed)  
DATE: \_\_\_\_\_  
FREQUENCY: \_\_\_\_\_  
DOSE(S): \_\_\_\_\_

#### 3. RUBELLA AND RUBEOLA IMMUNITY

**RUBELLA AND RUBEOLA BLOODWORK** \_\_\_\_\_  
(if not immune, proof of vaccine required)

**RUBELLA**  
 IMMUNE  NOT IMMUNE

**RUBEOLA** (not needed if born before 1957)  
 IMMUNE  NOT IMMUNE

*Attach lab results*

OR

**IMMUNIZATION RECORDS** \_\_\_\_\_

MMR VACCINE DATE 1ST: \_\_\_\_\_  
MMR VACCINE DATE 2ND: \_\_\_\_\_

#### 4. MEDICAL PROVIDER ATTESTATION

This individual does not have any limitations for employment in the health care field and contact with patients and other staff. I have questioned this individual and see nothing to contradict this individual's assertion that he or she is not habituated or addicted to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior.

EXAMINER'S SIGNATURE: \_\_\_\_\_ EXAMINER'S NAME (PRINT): \_\_\_\_\_  
EXAM DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**PLEASE USE STAMP (MD/DO/NP/PA)**  
IF NOT AVAILABLE, WRITE MEDICAL LICENSE NUMBER

WHEN COMPLETE, FAX TO 929-333-2961. ALLOW 1 BUSINESS DAY FOR PROCESSING.