



Business phone: (510) 452-4626
Toll-free: (800) 704-8391
Fax: (510) 452-4642
Locations on the East and West Coasts

Physical Examination

To be completed by Primary Care Provider

You may provide your care provider with form to update and maintain your annual physical and PPD exams. Also include your immunization history.

Name: _____ Date: _____

Vital Signs: P: _____ R: _____ BP: _____

Blood: CBC: _____ Varicella History/Titer: _____

Hepatitis B: _____ Rubella: _____

Mumps: _____ Rubeola: _____

(Proof of history, vaccine)

TB Mantoux Screen: _____ Date: _____ Positive or Negative: _____

Chest X-Ray: _____ Date: _____ If positive, TB Screen

General Comments:

I certify that the above person is free from symptoms indicating the presence of an infectious disease and does not have any restrictions which would interfere with the performance of his/her duties, which may require assistance with transfers; supporting patients during ambulation; providing personal care, light housekeeping, shopping, or laundry; skilled nursing functions; and any/all other duties as required to be performed in the capacity of a _____ (position).

Print Primary Care Provider's Name

Primary Care Provider's Signature

Date

Chickenpox (Varicella Zoster) Immunity

POLICY: Employees who have a negative or unknown history of chickenpox will be tested serologically for evidence of immunity (having a past infection).

PROCEDURE:

1. All nursing employees must have a pre-employment verification of history of chickenpox.
2. Those nursing employees who have a negative or unknown history must have the lab test, which screens for the presence of serum antibodies to the Varicella Zoster virus to determine immunity.
3. Nursing employees who are tested/screened and do not have immunity cannot be employed in any OB or Pediatric area. Further, they cannot be assigned to any adult patients who have shingles.
4. Nursing employees who are immune and are exposed to chickenpox will not be able to work in any patient area for 30 days post exposure.
5. Time lost by the nursing employee who is exposed is not considered a worker' compensation injury and is not covered by benefits.

REFERENCE: CDC (Center for Disease Control), Atlanta Georgia, 1983.

Check the appropriate box:

- I certify that I had chickenpox as a child and the year of the infection was _____
- I do not have knowledge of having chickenpox.
- I have been tested and my Varicella Zoster titre is attached.

Name: _____

Signature: _____

Date: _____



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TB Surveillance Symptom Review for +PPD Employees

Name: _____

Date: _____

SSN: _____

Have you ever been treated for a PPD with INH? If yes, when?:

Have you had any known exposure to TB (please describe):

Have you ever received BCG? YES ____ NO ____ If yes where and when?:

Have you been bothered during the past year by any of the following?

- | | | |
|-----------------------------------|-----|----|
| A. Night sweats | YES | NO |
| B. Persistent coughing | YES | NO |
| C. Coughing up blood | YES | NO |
| D. Excessive weight loss | YES | NO |
| E. Excessive fatigue or tiredness | YES | NO |
| F. Fever of unknown origin | YES | NO |

Employee Signature: _____