



Supporting Instruction: HR.06.007.01.02

Effective Date: 4/30/2004

CONFIDENTIAL HEALTH ASSESSMENT

- Volunteer
- Volunteen
- Student intern – name of school _____
- Shadow

The New York State Department of Health requires anyone working in a health care facility to meet certain requirements before starting. This includes volunteers, contract associates, student interns as well as all associates. Please take this form to your physician’s office for a signature and for any information he/she has to document the tests/vaccines below. The completed form must be returned to Thompson’s Associate Health Office. If you have any questions, please call the Associate Health Nurse at 585-396-6655.



My patient, _____, has

1. Received two TB skin tests within the last 12 months.

first test date: _____	Result: _____
second* test date: _____	Result: _____

*within a minimum of 1-4 weeks from date of first test.

OR

Has a history of a positive skin test in _____ (year) _____

A chest x-ray was performed on _____

Results _____

For volunteers – if no recent TB test, test will be given at hospital free-of-charge.

2. Proven immunity to German Measles (rubella) by one of the following:
 - a. One dose of rubella/MMR vaccine-date _____
 - b. Serologic proof-date _____
 - c. Physician diagnosed disease-date _____
3. Proven immunity to measles/rubeola (if born after 1956) by one of the following:
 - a. Two doses of rubeola/MMR vaccine-dates _____
 - b. Serologic proof-date _____
 - c. Physician diagnosed disease-date _____

For volunteers - Measles/MMR vaccines ARE required but NOT provided by the hospital; a rubella titer test will be given at no cost.

4. Been examined by me and is physically and mentally able to work/volunteer at Thompson Health.

Today’s Date _____

Physician’s Name: _____

Address: _____

Phone Number: _____

Physician’s Signature _____

Physicians License Number: _____