HealthSkil

3426 Hamilton Blvd.
Allentown, Pa 18103
Fax: 610.465.8883

HealthSkil requires a physical exam within one year of hire date, yearly Mantoux test and proof of a 2-step, or a chest x-ray within one year of hire for those with a history of a positive mantoux. Your eligibility for employment is conditional based upon our receipt of your current health documentation.

Name:_____ SS#:_____
Address:_____ Position: RN LPN CNA
_____ Allied Health:_____
Telephone:_____ Date of Birth:_____
Sex: Male Female

Record of Health to be completed by the Physician or NP

Physical Examination:

	Normal	Abnormal	Comments
Integumentary	_____	_____	_____
HEENT	_____	_____	_____
Neck	_____	_____	_____
Cardiovascular	_____	_____	_____
Respiratory	_____	_____	_____
Abdomen-GI	_____	_____	_____
Neuro/Muscular	_____	_____	_____
GU	_____	_____	_____
Reproductive	_____	_____	_____

Height: _____Weight: _____T_____P_____R_____ B/P _____
Major Illnesses/Operations/Injuries: _____

Employment Eligibility in Health Care (nursing/allied health profession):
_____ Fully Employable (no limitations)
_____ Employable with the following limitations:

Activities to be avoided:
Climbing Standing Lifting Pushing/Pulling Other
Comments: _____
_____

Are physical accommodations required to perform the essential functions of the job? Yes____ No____
If yes please explain: _____

Are there any allergies or conditions that would interfere with the use of Personal Protective Equipment?
YES ____ NO_____ If yes please explain: _____
(Personal Protective Equipment – a variety of products that protect against infectious hazards: gloves, gowns, aprons, face shields, protective eyewear, masks, resuscitation bags, other ventilation devices)

Name: _____SS#: _____Date of Birth: _____

Lab Work:

Tetanus Vaccine: Date given: _____

Documentation of MMR vaccine or Laboratory evidence of immunity
MMR Vaccination date: _____
Rubella Titer: Immune Non-immune Date of Titer: _____
Varicella Titer must be performed for history negative persons
Varicella Titer: Immune Non-immune Date of Titer: _____

Required by HealthSkil for all employees with direct patient contact:

TST: Mantoux 2 step

	Date TST Applied	Initials	Site (RA/LA)	Product Name	Lot #	Expiration Date	Dose (TU)	Date Read	Initials	Induration (mm)
1st Step	___/___/___	_____	_____	_____	_____	___/___/___	_____	___/___/____	_____	_____
2nd Step	___/___/___	_____	_____	_____	_____	___/___/___	_____	___/___/____	_____	_____
Annual	___/___/___	_____	_____	_____	_____	___/___/___	_____	___/___/____	_____	_____

Date of Chest X-ray: ___/___/___ Results: _____

Mantoux Testing:
According to CDC guidelines and Department of Health regulations for the state of Pennsylvania's long term care facilities, all employees must have a current (less than a year old) chest x-ray or Mantoux (PPD: intradermal injection of 0.1 ml of purified protein derivative tuberculin containing 5 tuberculin units) test before having resident contact. Two-step testing will be required unless proof of a previous two-step is provided. If a history of a two-step is provided, an annual PPD will be required.

I certify that the above named has been examined by me, based on physical examination/assessment and /or laboratory tests, the above named is free of communicable disease and is able to perform his/her duties as a health care worker.

Examining Professional:_____ **Date:**_____
Print Name:_____
Address:_____
Phone:_____