Employee Health Statement

As an employee of Accountable Healthcare Staffing, you are required to provide proof that you have completed an annual Health Exam by a professional healthcare provider - an MD, Nurse Practitioner or Physician Assistant. This exam indicates that you are able to perform your duties as a healthcare professional (HCP) in good physical and mental health, free from communicable disease(s) and capable of working in a variety of healthcare settings. It also indicates that you are able to work without physical limitations with or without special needs accommodations.

Name: _____

Date: _____ Classification: _____

I have examined the above individual, and find her/him to be in good physical and mental health, free from communicable disease(s) and able to perform job duties as a healthcare professional in a variety of clinical settings without limitations or need of reasonable accommodations.

Tuberculosis screening:

PPD ☐ Negative ☐ Positive _____ Date

2 step PPD ☐ Negative ☐ Positive _____ Date

For positive PPD's a chest x-ray is required from within the last 5 years:

Chest x-ray results_____ Date_____

Immunization Record:

- MMR (Measles, Mumps and Rubella) proof of immunity or proof of series of 2 immunizations; proof of immunity demonstrated by documented history of the disease or titres.

Measles Mumps Rubella

History of Disease(s) & Dates:

Titres: _____ (or see attached)

Immunizations (2 doses): _____ _____ _____

Date Date Date

- Hepatitis B (Proof of series of 3) or proof of immunity or signed declination.

Immunizations: _____ 1st Dose _____ 2nd Dose _____ 3rd Dose

Date Date Date

Titres: ☐ Yes ☐ No (see attached)

Attached declination: ☐ Yes ☐ No

- Varicella (Date of illness or proof of 2 doses of Varicella vaccine). _____ Date of Illness _____

Varicella Vaccine Date _____ Never exposed to the disease _____

Approved Healthcare Provider Signature: _____ Date: _____

Printed Name: _____ Title: _____