

## Health Facility Staffing Health Screen

Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Yes	No		Yes	No
Fractures			Fainting Spells		
Head Injury			Epilepsy		
Back Injury			Mental Disease		
Chronic Back Pain			Jaundice		
Tuberculosis			Rheumatism		
Heart Trouble			Asthma		
Stomach Trouble			Sinus Trouble		
Skin Disease			Hernias		
Other Injuries:			Operations: Specify		

Additional Comments:

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I have read the above and declare that I have had no injury, illness or ailment other than as specified above. I further state I have no health problems that will prohibit me from performing all duties and responsibilities as outlined in my job description. Any falsification or misrepresentation will be sufficient grounds for my release from employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_