North Shore-Long Island Jewish Health System

Annual Employment/Service Health Assessment

The New York State Department of Health (DOH) mandates that all employees and members of the Medical Staff employed or providing services at a hospital in the North Shore-LIJ Health System are required to provide an annual health assessment.

Instructions – Both 1 and 2 below must be completed for personnel to be compliant with the above regulations.

1. Completion of the attached Annual Health Assessment Form

2. Tuberculosis Screening Compliance:

   - All personnel with a history of negative Tuberculin Skin Testing (TST/PPD) will need a new TST placed and read.
   - All personnel with a history of positive Tuberculin Skin Testing (TST/PPD) are required to complete the Communicable Disease section part B (Tuberculosis signs and symptoms evaluation) on the attached Annual Health Assessment form.
   - Chest x-ray report is required for new TST converters within the last 12 months

North Shore LIJ
North Shore-Long Island Jewish Health System

Annual Employment/Service Health Assessment

Date: Employee # (*if applicable*): Date of Birth: / /

Last Name: Prev. Name (*if appl.*): First Name: M.I.:

Street Address: City:

State: Zip Code: Email Address:

Home #: Cell #: ☐ Male ☐ Female

Name of hospital (s) currently employed at and/or providing services at:

Position/Job Title: Work #:

Department: Division:

In case of emergency, please notify - Name: Relationship:

Home #: Work #: Cell #:

HEALTH HISTORY- Check Yes or No

	YES	NO
1. Have you developed any allergies and/or sensitivities to any medications, food, LATEX, plants or chemicals? If yes, please specify substance and reaction.		
2. Does your job require you to use a respirator and therefore be fit tested? If **NO**, skip this section If **YES**, proceed to question 3 and 4		
3. Have you had any experiences or condition that affects the fit of the respirator (e.g. facial structure change, weight gain/loss)?		
4. Have you had any major changes in your health as it relates to cardiac or pulmonary function?		

INFECTION CONTROL: If your job requires that you have patient contact, you are required to maintain clean, natural, short (1/4") nails (no wraps or other artificial nails allowed)

COMMUNICABLE DISEASE: Annual Tuberculosis Screening is required for ALL personnel
Either Box A or B applies

A. Yearly Tuberculin Skin Testing (TST/PPD) is mandatory for all personnel who have been Negative in the past.
EHS can provide the TST for you or you can submit proof of your annual TST to our office.

B. For persons who have had a positive reaction to TST/PPD check all statements that apply:
Symptoms review: ☐ Fever ☐ Weight Loss ☐ Night Sweats ☐ Cough ☐ Hemoptysis ☐ None

(The Infection Control and Risk Management Department will be notified of all new TST conversions.)

To be read and signed by employee/affiliate:
I certify that I have disclosed all known current health conditions or problems that may pose a potential risk to others or which may interfere with the performance of my duties and/or services. I also certify that I do not use illegal drugs, nor do I misuse/abuse controlled or other substances which may alter or impair my behavior and/or ability to function. I understand that failure to disclose requested medical information or giving false or misleading answers would be sufficient cause for my dismissal or loss of hospital privileges.

_____/ _____ Date: ____/____/____
Signature Print Name

_____ _____ _____
EHS Reviewer Name *Please Print* **Title** **Signature**

☐ Referred To: _____