 **Well of Healing Mobile Medical Clinic**

Initial Employment Health Evaluation

**This form is for use as an initial health examination for participation in health care related activities**

|  |  |
| --- | --- |
| DATE: | NAME: |
| DOB: | Male [ ]  Female [ ]  | RR: | SAO2: |
| AGE: | WT: | HT: | BMI: |
| Allergies: | Temp: | Pulse: | Smoking? Yes[ ]  No [ ]  |
| BP: (1st) | **(2nd** if first elevated**)** |
| **PMHx/PSHx:** | **Medications:** |
|  |  |
|  |  |
|  |  |
|  |  |
| HPI: *Screening Questionnaire*1. [ ] Yes [ ] No Any new problem which is infectious or would prevent patient from performing assigned duties?
2. [ ] Yes [ ] No An unexplained weight loss in the last year?
3. [ ] Yes [ ] No A cough that has lasted 3 or more weeks?
4. [ ] Yes [ ] No Hemoptysis?
5. [ ] Yes [ ] No Unexplained fevers or night sweats?
6. [ ] Yes [ ] No Any of the following conditions which may impair the immune system or affect a response to a tuberculosis skin test?: Cancer, chemotherapy, sarcoidosis, HIV/AIDS, treatment with steroids or take medications for managing an organ transplant
7. [ ] Yes [ ] No Completed a TB skin test in the last 12 months?
8. [ ] Yes [ ] No A positive TB skin test? If so, has a chest xray been completed in the last 12 months? Yes No Date of xray: \_\_\_\_\_\_\_\_\_\_\_\_
9. [ ] Yes [ ] No Completed vaccine series for Hepatitis B?

*(Patient is being asked to obtain a copy of their vaccine history including PPD result and if applicable, a copy of their CXR or QuantiFERON results)* | HPI: *Other* |
| **Assessment:**[ ]  The volunteer/employee **IS ABLE** to perform assigned duties based on the assessed absence of a health condition that would create a hazard for volunteers, staff or to patients. [ ] The volunteer/employee **IS NOT ABLE** to perform assigned duties based on the assessed presence of a health condition that would create a hazard for volunteers, staff or to patients.[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Physical Exam: | Orders:[ ]  Hepatitis B Vaccine Series |
| General: | [ ]  Well-dressed/nourished; No acute distress  |
| Eyes: | [ ]  PERRL. EOM intact; conjunctiva & sclera clear | [ ]  PPD or Chest X-ray if indicated |
| Ears: | [ ]  Ext. canals clear – TMs normal | [ ] QuantiFERON if indicated |
| Nose & Throat: | [ ]  Clear, MM pink, no lesions | [ ] Other Orders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Provider**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature** |
| Chest: | [ ]  Symmetrical |
| Lungs: | [ ]  Clear to auscultation bilaterally |
| Heart: | [ ]  Regular rate and rhythm; no murmurs, rubs, or gallops |
| Abdomen: | [ ]  Soft, non-distended, non-tender, no mass |
| Additional Exam Notes or Abnormal Findings: |