



Health Screening for Job Shadow Candidates

Name: _____
(please print)

School: _____

Please answer the following questions by checking either “yes” or “no”.

“yes”

“no”

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I have been diagnosed with Tuberculosis in the past. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have had a cough for longer than three (3) weeks. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have had unexplained fevers in the past six (6) months. |
| <input type="checkbox"/> | <input type="checkbox"/> | I sweat every night during sleep. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have had unexplained weight loss in the past six (6) months. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have coughed up blood in the past six (6) months. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have had chest pains that aren't related to my heart. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have experienced flu-like symptoms in the past week.
(fever, chills, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue/tiredness, nausea or vomiting) |

I certify that the answers I have provided above are true and accurate to the best of my knowledge and understanding. If I develop any of these signs and symptoms during my job shadow experience, I will immediately report this to my job shadow Department Director and Workforce Wellness in Human Resources.

Signature

Date

Any “yes” answers will prompt a further assessment of the Job Shadow Candidate by Workforce Wellness in Human Resources prior to visiting clinical areas. Thank you!