

# Health Screen Checklist



Employee Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Our Employee Health Records indicate the following information about the above employee:

\_\_\_\_\_ PPD \_\_\_\_\_  
and read as negative on \_\_\_\_\_

\_\_\_\_\_ Has a history of positive PPD. However,  
the last TB Health Evaluation was  
negative for active TB and was completed on \_\_\_\_\_

\_\_\_\_\_ Last chest x-ray completed on \_\_\_\_\_

\_\_\_\_\_ Hepatitis B Vaccination Dates

# 1 \_\_\_\_\_ Hep B Declination  
#2 \_\_\_\_\_ Signed on: \_\_\_\_\_  
#3 \_\_\_\_\_

\_\_\_\_\_ Hepatitis B Surface Antibody was \_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ Rubella Titer was \_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ Rubeola Titer was \_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ Mumps Titer was \_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_ Varicella Titer was \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_ Immunizations

\_\_\_\_\_ MMR \_\_\_\_\_  
\_\_\_\_\_ Varicella \_\_\_\_\_  
\_\_\_\_\_ Tetanus \_\_\_\_\_  
\_\_\_\_\_ Rubella \_\_\_\_\_  
\_\_\_\_\_ Rubeola \_\_\_\_\_

\_\_\_\_\_ Professional References Checked and Verified by \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ CPR \_\_\_\_\_ BCLS \_\_\_\_\_ ACLS \_\_\_\_\_

\_\_\_\_\_ Drug Screen Negative \_\_\_\_\_

\_\_\_\_\_ Bloodborne Pathogens/Infection Control \_\_\_\_\_

\_\_\_\_\_ Age Specific Competencies \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_