



20 Old Turnpike Road, Suite 307  
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Employment Health Examination

\_\_\_\_\_ has applied/ holds the position of \_\_\_\_\_ with our home care agency. This position has the following requirements:

- 1. Visual/Hearing acuity which is sufficient to comprehend written, verbal, non-verbal communication or cues.
- 2. Ability to exercise common sense, tact and logic so as to make decisions in emergent and non-emergent situations.
- 3. Ability to deal with possible prolonged periods of mental and emotional stress
- 4. Provide patient care, which may require extensive bending, lifting and physical maneuvers on a regular basis.
- 5. Ability to stand/ sit for long periods while providing care.
- 6. Freedom from habitation and/or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter behavior.

Please complete the following items, taking into consideration the position's requirements.

Visual Acuity: R \_\_\_ / \_\_\_ L \_\_\_ / \_\_\_  
Corrected to: R \_\_\_ / \_\_\_ L \_\_\_ / \_\_\_  
Vital Statistics: Height \_\_\_\_\_ Inches  
Weight \_\_\_\_\_ Lbs

Hearing : Audiometric YES/ NO R \_\_\_ Whisper: R \_\_\_ L \_\_\_  
Blood Pressure: R \_\_\_ / \_\_\_ L  
Pulse: Ap. \_\_\_\_\_ Rad. \_\_\_\_\_

Systems: Eyes: \_\_\_\_\_  
Ears: \_\_\_\_\_  
Nose: \_\_\_\_\_

Throat: \_\_\_\_\_  
Neck: \_\_\_\_\_  
Nodes: \_\_\_\_\_

Respiratory: \_\_\_\_\_  
Cardiac: \_\_\_\_\_  
Gastrointestinal: \_\_\_\_\_  
Genitourinary: \_\_\_\_\_  
Musculoskeletal: \_\_\_\_\_  
Neurological: \_\_\_\_\_

**Documentation of Immunity and Vaccinations**

Rubella; serologic evidence of Rubella antibodies- Titer Level \_\_\_\_\_ Date performed \_\_\_\_\_  
Rubella (live) vaccine was administered on or before 12 months of age.  
Date administered \_\_\_\_\_ Product \_\_\_\_\_

**Rubeola:** certificate of Immunization required for personnel born on or after January 1, 1957.  
Serologic evidence of Rubeola antibodies-Titer level \_\_\_\_\_ Date performed \_\_\_\_\_  
Rubeola (live) virus vaccine was administered with the first dose given after 12 months of age.  
Date administered \_\_\_\_\_ Product \_\_\_\_\_. Second dose administered at least 30 days later and over 15  
months of age: Date administered \_\_\_\_\_ Product \_\_\_\_\_.

**IF AN IMMUNIZATION IS DETRIMENTAL**-Written certification by a physician, P.A., nurse practitioner stating that  
the immunization for rubella/Rubeola is deemed detrimental to personnel's health. Expected duration of medical  
exemption is required to the best of your knowledge.

**Hepatitis B** - Series of 3 immunizations or give titer -Date administered \_\_\_\_\_

**Influenza Vaccine:**

Administration Date \_\_\_\_\_ Site. \_\_\_\_\_ Dosage: \_\_\_\_\_  
VIS Date \_\_\_\_\_ Manufact. & Lot# \_\_\_\_\_

**Mantoux/PPD/Blood Assay**

Mantoux/ PPD/Blood Assay is required prior to employment and EVERY YEAR thereafter for negative findings-

TB skin test: Date given \_\_\_\_\_ Product. \_\_\_\_\_  
Date read \_\_\_\_\_ Findings (in mm) \_\_\_\_\_

Chest X-ray: Date \_\_\_\_\_

If a positive reactor please indicate when first positive reading was found \_\_\_\_\_

Please attach copy of X-ray report

OT or DPT dates \_\_\_\_\_ Booster \_\_\_\_\_

TOPV dates Booster \_\_\_\_\_

MMR dates Booster \_\_\_\_\_

Tetnus Booster Dates \_\_\_\_\_

**Laboratory-**

Drug Screens-please attach

Urine analysis-please attach

VDRL-please attach

Additional Titers-please attach

I have examined the above applicant/employee and have not found evidence that would preclude employment  
as a health care provider. In addition, the applicant/employee is free from habitation and/or addiction to  
depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter behavior.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NYS License Number

\_\_\_\_\_  
NPI Number