



Medical and Non-Medical Observers SELF – SCREENING HEALTH EVALUATION

In a hospital setting, there are several childhood and communicable diseases, which may pose a health risk to patients and/or staff members (e.g. chicken pox, influenza, viral diarrhea, etc.) You are required to answer these questions before your visit to the hospital.

INSTRUCTIONS:

The content of this evaluation is strictly confidential. This questionnaire is for self-screening purposes only, and is to be completed and retained by the Observership Office.

1. Answer the questions listed below.
2. If you answer 'NO' to the vaccine question, you will not be able to observe at the hospital as scheduled.

I HAVE BEEN VACCINATED AGAINST MEASLES, MUMPS, RUBELLA (GERMAN MEASLES) AND VARICELLA (CHICKEN POX), OR AM OTHERWISE KNOWN TO BE IMMUNE TO THESE INFECTIONS.

YES (✓)

NO ()

DURING THE PAST MONTH, HAVE YOU BEEN EXPOSED TO ANYONE WHO HAS THE FOLLOWING DISEASES?

YES

NO

TUBERCULOSIS	()	()
MEASLES (RED MEASLES)	()	()
MUMPS	()	()
RUBELLA (GERMAN MEASLES)	()	()
VARICELLA (CHICKEN POX)	()	()
WHOOPING COUGH	()	()

IN THE PAST 48 HOURS, HAVE YOU EXPERIENCED NEW ONSET OF?

YES

NO

COLD	()	()
A SCRATCHY / SORE THROAT	()	()
SNEEZING	()	()
DIARRHEA	()	()
NAUSEA / VOMITING	()	()
FEVER	()	()
PINKEYE	()	()
A RASH	()	()

If you answered 'yes' to any of the above, you will not be able to observe at the hospital as scheduled. You must notify your Sponsor to make alternate arrangements for your Observership.

By signing this form, I certify that this information is up to date and that UHN will not be responsible for any illness contracted during the visit.

Arushri Swarup

Signature

Arushri Swarup

Print name

31-May-2017

Date