Open Door Community Health Centers, Inc

Exposure Risks to Hepatitis B, Rubella, Measles, and TB

BECAUSE OF EXPOSURE RISKS TO HEPATITIS B AND MEASLES, ODCHC WILL PROVIDE SCREENINGS OR VACCINATION FOR THE FOLLOWING STAFF:

HEPATITIS B VACCINE: MD'S, Mid Levels, Dentists, Dental Hygienists, Dental Assistants, Lab Staff, and any other staff who are at risk for exposure to bodily fluids during job performance.

RUBELLA AND MEASLES: Vaccination -- Any clinic staff who is not immune. Screening -- Any clinic staff that does not know if they are immune.

TB TINE TEST AND PHYSICAL: It is ODCHC policy that all staff gets a TB Tine test and physical when they begin employment for ODCHC and on an annual basis after that.

HEPATITIS B (Please sign and date one):

I have already been vaccinated_____

I would like to be vaccinated_____

I refuse vaccination after reading the above statement_____

RUBELLA (Please sign and date one):

I am immune or have been vaccinated_____

I am not immune and request vaccination_____

I am unsure of immunity and will need screening_____

I refuse screening or immunization after reading the above statement

_____

MEASLES (Please sign and date one):

I am immune or have been vaccinated_____

I am not immune and request vaccination_____

I am unsure of immunity and will need screening_____

I refuse screening or immunization after reading the above statement

_____

TB TINE TEST AND PHYSICAL (Please sign and date):
I understand that TB screening and physical is required yearly for personnel files.

_____ _____
Employee Signature Date

_____ _____
Supervisor Date

Open Door Community Health Centers

EMPLOYMENT MEDICAL ASSESSMENT – New Employee

The purpose of this assessment is to:

- determine that the employee is able to perform essential job duties, and
- determine that no health condition exists that would create a hazard for the employee, fellow employees, patients, or visitors.

Please assist us in complying with regulations by completing this form and returning it to Open Door Community Health Centers Human Resources Department.

Employee Name: _____ Date of Employment: _____

Title: _____ Supervisor: _____ Hours per Day: _____ Days per Week: _____

(This section to be completed by Employee)

Affirmation of Ability to Perform Essential Job Functions

I hereby affirm that I understand the essential job functions of my new position, as described in the attached job description.

I hereby affirm that I am able to perform these essential job functions ☐ without accommodation, or
☐ with accommodation, as described below:

Accommodation needs:

Signature of Employee: _____ Date: _____

(This section to be completed by RN Clinic Coordinator)

TB Screening: 1) If employee has a history of positive PPD, obtain baseline chest x-ray , review symptoms, and refer to provider for medical evaluation as necessary. 2) If employee has not had a PPD in the last 10 years, an initial negative screen must be repeated in 2-4 weeks, and the second result used.

Review of Symptoms for TB Chest X-Ray (please indicate Y or N) If any yes answers, refer to provider:

Unexplained weight loss_____ Fatigue_____ Night sweats_____ Persistent or bloody cough_____

PPD Date_____ Result_____ Repeat PPD date:_____ Result_____

If PPD result is 5-9 mm. induration, repeat in 2-4 weeks. If PPD is 10 mm or greater induration, obtain Chest X-Ray and refer to provider for evaluation.

Immunization screen (Form #438) completed & attached? ☐Yes ☐ No Notes: _____

Immunizations ordered/given: _____

Job safety/risks review: _____

Other: _____

RN Clinica Coordinator Signature: _____ Date: _____

(This section to be completed by Employee)
Authorization of Release of Medical Information

I hereby release to Open Door Community Health Centers information contained in this report ☐ Yes ☐ No

Signature of Employee: _____ Date: _____

Routing: ☐ Original to Human Resources ☐ Copy to employee