



MedStar Health

Pre-placement Health Clearance

Name: _____ Home Phone _____
Last First MI

Address: _____

Date of Birth: _____ Social Security Number: _____

Job title: _____ Department: _____

Position: Full Time Part Time Other

HEALTH HISTORY

Allergies: Medications _____ Food _____

Communicable diseases history. Have you had any of the following communicable diseases:

Chickenpox Yes No Unknown Hepatitis B Hepatitis C

Tuberculosis history. Approximate date of last PPD skin test _____ Result _____

Have you ever had a positive skin test for tuberculosis? Yes No If yes, when? _____

Have you ever had BCG, a vaccine used to prevent tuberculosis? Yes No Unknown

Have you ever taken INH, a medication used to treat tuberculosis? Yes No Unknown

Hepatitis B. Have you received the Hepatitis B Vaccine? Yes No If yes, approximate completion date? _____

Current medications/over-the-counter/herbal/vitamin: _____

Medical conditions, past and present: _____

Surgeries: _____

Prior work-related injuries, illnesses, or blood exposures: Yes No If yes, describe: _____

For women only	For men only
Do you perform regular breast exams _____	Do you perform regular testicular exams _____
Last mammogram _____	Last colonoscopy _____
Last pap _____	Last PSA _____
Last DEXA scan _____	
Last colonoscopy _____	

Do you currently smoke? Yes No Packs per day _____ for _____ years

Do you currently exercise? Yes No Type and frequency: _____

Name of primary care provider: _____

Address (if known): _____

Date of last visit _____ Purpose of visit _____

I certify that all information in this personal medical history is true. I understand that any omission or false and/or misleading statements are grounds for immediate dismissal from employment. I further understand that this physical examination does not duplicate or replace the physical done by my primary care provider.

Signature _____

Date _____