MADISON COUNTY HEALTH CARE SYSTEM | An Affiliate of MERCYONE.

Madison County Health Care System
Pre-Employment Health Screening

General Information

Employee Name		Telephone
Position		Department
Address		City/State/Zip
Date of Birth	Gender I identify as: _____	Preferred Pronouns (circle): He/Him She/Her They/Them
Notify in Case of Emergency	Relationship	Telephone
Address		City/State/Zip

Communicable Diseases

Have you ever had?

Chicken Pox	☐ Yes ☐ No	**Measles**	☐ Yes ☐ No	**TB Testing**	
Hepatitis A	☐ Yes ☐ No	**Mumps**	☐ Yes ☐ No		
Hepatitis B	☐ Yes ☐ No	**Rubella**	☐ Yes ☐ No	**TB Test #1** Date/Time Placed:	Location:
Meningitis	☐ Yes ☐ No	**TB**	☐ Yes ☐ No	Lot#:	Expiration:
Polio	☐ Yes ☐ No	**Pertussis**	☐ Yes ☐ No	Date/Time Read:	Result in mm:
Diptheria	☐ Yes ☐ No			**TB Test #2** Date/Time Placed:	Location:
Tetanus	☐ Yes ☐ No			Lot#:	Expiration:
				Date/Time Read:	Result in mm:

Immunization History

Name	Dates	Name	Dates
MMR 2 doses	1:	**Varicella**	
	2:	**Influenza** (current or n/a)	
COVID 2 doses	1:	**Tdap (Pertussis)**	
	2:	**COVID booster**	
Hep B 3 doses	1.		
	2.	**Td Booster (q 10 years)**	
	3.	☐ Immunization history and/or titers copied/attached.	

If Answer to any of the following signs and symptoms warrant further investigation to rule out active infectious pulmonary/laryngeal TB:

Productive cough of more than 3 wks? ☐ Yes ☐ No
Coughing blood? ☐ Yes ☐ No
Persistent fevers? ☐ Yes ☐ No
Coughing up blood? ☐ Yes ☐ No
Drenching night sweats? ☐ Yes ☐ No
Unplanned weight loss? ☐ Yes ☐ No

Health Screening

Color Blindness ☐ Yes ☐ No	Corrective Lenses ☐ Yes ☐ No	Latex Sensitivity ☐ Yes ☐ No	EH Nurse Notes:
Blood Pressure	Temperature	Pulse Rate Respiratory Rate	

Acknowledgement

☐ I have read the job description in its entirety including essential functions, physical capacity requirements, and sensory and visual acuity requirements. I certify that I can complete the essential functions and meet the physical, mental, and environmental requirements of the position.

_____ _____

Employee Signature Date