UNC HEALTH Nash

POST JOB OFFER HEALTH HISTORY

Name: _____ Job Title: _____ Dept: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____ SS#: _____

Employment Status: ____ Full-Time ____ Part-Time ____PRN ____ Temp ____Contract

DO YOU NOW HAVE OR HAVE YOU EVER HAD:

Childhood Illnesses:	**NO**	**YES - Explain**
1. Chicken Pox / If no – have you ever been exposed to chicken pox?		
2. Measles or Mumps		
Major Accidents: Please list		
Hospitalizations: List with diagnosis and date		
Skin rash / disease		
Eye problems – cataracts, glaucoma, injuries		
Ear problems – hearing loss, frequent ear infections		
Neck problems		
Head or spinal injuries		
Headaches / frequency		
Heart disease (heart attack, stroke)		
High blood pressure		
Respiratory problems (asthma, bronchitis, emphysema, tuberculosis, etc.)		
Stomach problems – specify		
Kidney disease		
Treatment for repetitive motion disorders (carpal tunnel)		
Arthritis, swelling in joints, broken bones, or permanent defects		
Seizures, fits, convulsions, or fainting		
History of psychological problems – depression, anxiety, etc.		
1. Have you received treatment for the above?		
Previous blood transfusion – date		
Diabetes (if yes, do you use insulin)		
Do you smoke or use tobacco products?		
History of drug abuse:		

1. Do you drink alcohol? How much?		
Have you ever had a work related injury before?		
Did you receive workers' compensation for your claim?		
Have you had a permanent disability rating for a previous work related injury?		
Were you given any permanent restrictions as result of your disability?		
At present, are you under the care of a physician?		
Have you ever worked at Nash UNC Health Care before?		

NASH UNC HEALTH CARE RESERVES THE RIGHT TO CONSULT WITH YOUR TREATING PHYSICIAN

List all current medications:

_____ _____ _____

_____ _____ _____

Allergies: _____

Documentation of the following immunizations: Most recent TB skin tests, Hepatitis B x3, MMR x2, Varicella x2

Do you have any health problems that you feel are associated with a previous job? If yes, please list.

_____

NOTICE:
To protect patients and their families, employees, employee family members, and the community from influenza all Nash UNC Health Care employees, members of the Board of Directors, medical staff, volunteers, contract workers, and students are required to have an annual flu vaccination. If you have an extreme allergy to eggs or a component of the flu vaccine or a history of Guillain-Barre Syndrome (GBS), you will be required to provide a note from your physician. The annual flu season is November through March. It is our expectation that you will receive the flu shot yearly or provide a note from your physician. Failure to comply with the mandatory Nash UNC Health Care Flu Policy will result in termination.

Initial: _____

_____ I will receive the flu shot annually while employed at Nash UNC Health Care

_____ I cannot take the flu shot and will provide a note from my physician

My signature verifies the preceding statements are true to the best of my knowledge.

_____ _____
Signature Date

FOR OFFICE USE ONLY

Reviewed By: _____ Date: _____