



BE STRONGER | CARE HARDER | LOVE DEEPER

Employee Health Checklist

Failure to complete requirements in a timely manner or as scheduled will delay start date.

- _____ Drug Screen
- _____ Basic history, vitals, and BMI

Lab (C1500) or records:

- _____ Tuberculosis Screening
 - _____ If **not** known TB Quantiferon Gold Test positive
 - _____ 2 skin tests with one being within the past 12 months and one within the current 3 months (must be 1 week apart)
 - _____ or a current TB Quantiferon Gold Test within the past 3 months
 - _____ If known TB Quantiferon Gold Test positive
 - _____ Proof of positive TB Gold
 - _____ Chest x-ray within the past 2 years
- _____ Measles (Rubeola), Mumps, Rubella titers; or documentation of 2 doses of MMR vaccine
- _____ Varicella titer or documentation of 2 doses of vaccine
- _____ Hepatitis B titer and proof of completion of the 3 dose series is recommended for those who may be exposed to blood or bodily fluid. Hepatitis B Acceptance or Declination form.
- _____ Flu Vaccination proof or approved medical or religious exemption (October – March)
- _____ Colorblind test (clinical areas)
- _____ Respirator Fit testing within three months (clinical areas that may care for a patient on airborne precautions; Halyard/Kimberly Clark Regular or Small, 3M 1860, 3M1860S, or 3M1870)
- Notes:

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