



**Sinai Health System**

California Avenue at 15th Street ■ Chicago, IL 60608-1797 ■ (773) 542-2000 ■ TTY (773) 257-6289

**Employee Health Hours: Mon-Fri 7am-3pm (Sinai)**

**773-257-6916 or 773-257-5999**

**773-257-5667 fax**

**Wed-Fri. 7am-3pm(HCH)**

**773-884-7910**

**773-884-8056 fax**

## Pre-Employment Health Screen Checklist

Caregiver Name: \_\_\_\_\_ Department \_\_\_\_\_

**Failure to complete requirements timely or as scheduled will delay start date**

- Drug Screen
- Basic history, vitals, BMI, and vision screening
- Tuberculosis Screening - (2 skin tests within the past 12 months with one being within the current 3 months or a current TB Quantiferon Gold Test within the past 3 months)
- 1<sup>st</sup> TB test \_\_\_\_\_ to be read on: \_\_\_\_\_ read by: \_\_\_\_\_
- 2<sup>nd</sup> TB test \_\_\_\_\_ to be read on: \_\_\_\_\_ read by: \_\_\_\_\_
- Chest X-ray (if positive PPD) within the past 2 years
- MMR, Measles (Rubeola), Mumps, Rubella - (Titers or documentation or 2 doses of vaccine, or born before 1957)
- Varicella (Titer, documentation of 2 doses of vaccine, or physician documentation indicating disease history)
- Hep B Acceptance or Declination Form
- Hep B proof of completion of the 3 dose series recommended for those who may be exposed to blood or body fluid is recommended and Hep B Antibody screening post immunization
- Tetanus, Diphtheria, Pertussis (Tdap within 10 years) Recommended
- Flu Vaccination or approved medical or religious exemption (Sept-March)
- Respirator Fit testing - (for those in clinical areas who may be exposed to patients on airborne precautions)
- Color Blind Test for lab personnel, pathology and any clinical caregivers who may need to perform point of care testing



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