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:

Mount Sinai Hospital
Open Monday through Friday, 7am – 3:30pm
Phone: 773.257.5999
Fax: 773.257.5667
shedee.Williams@Sinai.org
dawn.laurin@sinai.org

Holy Cross Hospital
Open Monday through Friday, 7am – 3:30pm
Phone: 773.884.7910
Fax: 773.884.8056
elaine.yarling@sinai.org
dawn.laurin@sinai.org