

Medical and Non-Medical Observers SELF – SCREENING HEALTH EVALUATION

In a hospital setting, there are several childhood and communicable diseases, which may pose a health risk to patients and/or staff members (e.g. chicken pox, influenza, viral diarrhea, etc.) You are required to answer these questions before your visit to the hospital.

INSTRUCTIONS:

The content of this evaluation is strictly confidential. This questionnaire is for self-screening purposes only, and is to be completed and retained by the Observership Office.

- 1. Answer the questions listed below.
- 2. If you answer 'NO' to the vaccine question, you will not be able to observe at the hospital as scheduled.

I HAVE BEEN VACCINATED AGAINST MEA: (CHICKEN POX), OR AM OTHERWISE KNOV	The state of the s	•
YES()	NO ()	
DURING THE PAST MONTH, HAVE YOU BE	EN EXPOSED TO ANYONE WHO HA	S THE FOLLOWING DISEASES? NO
TUBERCULOSIS MEASLES (RED MEASLES) MUMPS RUBELLA (GERMAN MEASLES) VARICELLA (CHICKEN POX) WHOOPING COUGH	() () () () ()	
IN THE PAST 48 HOURS, HAVE YOU EXPER	RIENCED NEW ONSET OF? YES	NO
COLD A SCRATCHY / SORE THROAT SNEEZING DIARRHEA NAUSEA / VOMITING FEVER PINKEYE A RASH		
If you answered 'yes' to any of the above, you notify your Sponsor to make alternate arranged by signing this form, I certify that this information of the visit.	ngements for your Observership.	·
Signature P	Print name	 Date