Observer/Intern/Clinical Rotation
Health Assessment Evaluation

BON SECOURS CHARITY HEALTH SYSTEM
Bon Secours Health System

Name:_____ **Date of Birth:** _____

Required Health Documentations:

- PPD Results (within one year), If PPD positive, a Chest X-Ray report must be included
- Rubella Titre
- Rubeola(Measles) Titre, if born after 1/1/57,
- Flu Vaccine administered after November 1st

Do you have a physical, mental, or emotional condition or substance abuse problem that could affect your ability to observe safely?
☐ Yes ☐ No

Do you consider yourself to be in good health? ☐ Yes ☐ No

	Yes	No
Have you ever had a positive PPD (TB skin test)?		
Were you ever placed on medication for having a reaction to the PPD (TB skin test)?		
Have you ever received a BCG vaccine?		

TB AND IMMUNIZATIONS

FOR PPD NEGATIVE REACTORS – Complete the PPD (Mantoux) test information below or submit equivalent form. New York State regulation 405.3 requires PPD (Mantoux) skin test within the last twelve (12) months..

Date administered: _____ Lot #: _____ Left or Right Forearm

Date read: _____ Results: _____mm Induration (Indicate Zero if No Reaction)

Rubella Titer _____
Rubeola(Measles)Titer _____
(if born after 1/1/57)

Signature of Medical Professional (other than yourself):

Signature: _____ Date: _____

Print Name: _____ Office Phone Number:_____

Email:_____

SIGNATURE REQUIRED

I hereby state that the information provided on this form is complete, true and accurate.

Signature: _____ Date: _____

Print Name: _____

Office Use Only – Reviewed By

Signature: _____ Date: _____

Print Name: _____ Employee Health Consult Needed: ☐ Yes ☐ No