Wake Forest™
Baptist Medical Center
Employee Health Services

On Boarding New Employee/HCW Medical Screening Evaluation Record

Last Name _____ First _____ Middle _____ Sex ____ Age ____ Birth Date _____

Street Address _____ City _____ Social Security Number _____

State _____ Zip Code _____ Home Phone ( ) _____ Cell Phone ( ) _____

Department _____ Position _____ Start Date _____ Supervisor/Manager Name _____

Emergency Contact _____ Relationship _____ Phone ( ) _____

Personal Doctor's Name, Address, Phone _____

Last place of employment _____ Job Title _____ Length of employment _____

Family Health History

Have any of your immediate relatives (parents, grandparents, siblings) had any of the following medical problems? (Please check **all** that apply)

- ____ Cancer
- ____ Tuberculosis
- ____ Emotional or Mental Illness
- ____ Emphysema
- ____ Stroke
- ____ Diabetes
- ____ Kidney Failure
- ____ Obesity
- ____ High Blood Pressure
- ____ Heart Problems
- ____ Alcoholism

Personal Health History

Is there any duty or task required in the job for which you have been selected that you will be unable to perform based on your health history?

(____) Yes (____) No If yes, explain: _____

List surgeries and major illnesses: _____

Have you been advised to change your work for any reason? (____) Yes (____) No If yes, explain: _____

Have you ever been treated for Tuberculosis or had a positive Tuberculosis skin test? (____) Yes (____) No

List any medication allergies: _____

List all other allergies: _____

List all medications you are currently taking: _____

Have you ever had Chicken Pox/Shingles? (____) Yes (____) No

Are you receiving any medical treatment at the present time? (____) Yes (____) No

If Yes, explain and include treating physician's name: _____

Additional comments concerning your present health status: _____

To the best of my knowledge, all information supplied by me on this questionnaire and during the physical assessment is correct and I authorize the release of the foregoing information and the results of any physical or mental examinations to the management of Wake Forest Baptist Medical Center for the purpose of evaluating my fitness for employment. I understand that my intentional falsification of any foregoing information can be considered as cause for suspension or dismissal.

Employee Signature _____ Date _____