

HEALTH CARD QUESTIONNAIRE

CURRENTLY:

1. Are you suffering from any of the following?

- | | | |
|---------------------------|-----|----|
| a. Diarrhea | Yes | No |
| b. Fever | Yes | No |
| c. Vomiting | Yes | No |
| d. Jaundice | Yes | No |
| e. Sore Throat with Fever | Yes | No |
| f. Persistent cough | Yes | No |

2. Do you currently have lesions containing pus on any exposed body part?

Yes No

Physical Exam –

IN THE PAST:

1. Have you ever been diagnosed as being ill with typhoid fever, Shigella, E. Coli, or Hepatitis A?

Yes No

If Yes, date? _____

2. Are you a PPD skin test positive or have you ever been exposed to Tuberculosis?

Yes No

3. Have you been exposed to (i.e.- live with, work with, etc.) or suspected of causing a confirmed outbreak of any of the diseases listed in #1?

Yes No

4. Have you traveled outside of the U.S. within the last 50 days?

Yes No

5. Is this your first application for a health card? Yes No

If "no", last application/issuing date: _____

6. Have you ever been denied a health card? Yes No

If "yes", list reason:

***Employee shall report to medical if he/she has any symptoms or has been diagnosed with any disease listed above. Employee shall notify their supervisor of any change in health status. Employees shall refrain from working until they have written medical release from a recognized medical authority.

I realize that if I do become ill I cannot return to work until cleared by proper medical authority.

I AM AWARE OF THE ABOVE STATEMENT AND REALIZE THAT FAILURE TO DO SO MAY REVOKE MY QUALIFIED STATUS.

Patient Signature: _____

Qualified

Not Qualified

MDR Signature: _____