Occupational Health Department

**BARBER/BEAUTY SHOP WORKER**

**Program Elements FY12**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS/% Compliance |
| 1 | Seen in OH prior to start of working |  |  |  |
| 2 | Any abnormal findings on exam |  |  |  |
| 3 | Baseline PPD completed |  |  | Per OM provider’s discretion |
| 4 | Is PC Matrix in medical record |  |  |  |
| 5 | Latex Screening completed |  |  |  |

Records Screened for compliance

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Last name | Last 4SSN | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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Validated by/Program Manager Signature Date