Occupational Health Department

**FOODSERVICE WORKERS**

**Program Elements FY12**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS/% COMPLIANCE |
| 1 | Do any of the answers on medical history cause concern? |  |  |  |
| 2 | Are there any abnormalities on the skin examination? |  |  |  |
| 3 | Frequency of the exam up to date? |  |  | \*baseline only required |
| 4 | Is PC Matrix in medical record? |  |  |  |
| 5 | Hep A provided and Td or Tdap given |  |  |  |

Records screened for compliance

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