

**FERNCLIFF NURSING HOME
VOLUNTEER ANNUAL HEALTH ASSESSMENT**

Name _____ Date _____

Please answer the following questions:

- Have you had to see a doctor in the past year? Yes ____ No ____ If yes, why?

- Note any major illness, serious injury or surgery in the past year

- Have you had any contagious or infectious disease in the past year?
Yes ____ No ____ If yes, explain _____
- Do you have any boils or infected wounds? Yes ____ No ____ If yes, explain

- Do you have any acute or chronic respiratory disease? Yes ____ No ____
If yes, explain _____
- Have you had to take antibiotics during the past year? Yes ____ No ____
If yes, explain for what reason _____
- Do you have health impairments which pose a risk to residents or personnel which
cannot be reasonably accommodated or which may interfere with the performance of
duties?
Yes ____ No ____ If yes, explain _____
- Have you ever had Measles or Rubella? Yes ____ No ____
(Proof of immunization required.)

Junior Volunteer Signature _____ Date _____

Reviewed by _____ Date _____

I give permission for my son/daughter to be administered a Mantoux test by Ferncliff Nursing Home

Signature of Parent/Guardian _____ Date _____

To be completed by Infection Control Nurse:

Mantoux test given by _____ Date given _____

Site _____ Date read _____ Results in MM _____

Read by _____

Less than 5 = Negative, 5-9 = Retest, 10 or more = Positive

Mfg. _____ Lot _____ Exp. _____

If positive or medically indicated:

Chest X-ray taken _____ Results _____