

**FERNCLIFF NURSING HOME –  
VOLUNTEER ANNUAL HEALTH ASSESSMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Please answer the following questions:

1. Have you had to see a physician in the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, why?
2. Note any major illness, serious injury or surgery in the past year.
3. Have you had any contagious or infectious disease in the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain.
4. Do you have any boils or infected wounds?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain.
5. Do you have any acute or chronic respiratory disease?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain.
6. Have you had to take antibiotics during the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain for what reason.
7. Do you have any 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.
8. Have you ever had Measles or Rubella?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Proof of immunization required.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ 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: \_\_\_\_\_