ANNUAL MEDICAL HEALTH ASSESSMENT FORM

I. <u>This Medical Evaluation shall be requested annually as required by the NYS Department of Health</u>

Medical Evaluation Statement

In keeping with the requirements of the New York State Department of Health, I certify by my signature below that I have performed a medical evaluation on:

_____ **on** _____
Print or Type Name of Applicant Date of Evaluation

…and determined, except as noted below, the applicant to be free from physical or mental impairment including habituation or addition to depressants, stimulants, narcotics, alcohol or other behavioral altering substances which might interfere with the performance of duties or would impose a potential risk to patient or personnel. The following active problems were identified which might interfere with the performance of the applicant's duties:

_____

II. <u>AS REQUIRED, THE FOLLOWING INFORMATION IS PROVIDED</u>:

Tuberculin Skin Test (PPD): Date Performed: ____/____/____

Results (please check): ___ Negative/Must be repeated annually
___ Positive/Free of Symptoms

___ Positive with symptoms ___ Chest X-Ray Required Date: _____
Result: _____

<u>IF PPD NOT PERFORMED, PLEASE INDICATE THE REASON BY CHECKING ONE OF THE FOLLOWING AND SUBMITTING THE DOCUMENTATION AS INDICATED</u>:

(***History of BCG vaccine, pregnancy or breastfeeding are NOT contraindications to PPD testing)***

- ❑ Significant prior reaction/No clinical signs or symptoms suggestive of active TB
- ❑ Adequate treatment of known prior disease/No clinical signs or symptoms suggestive of active TB
- ❑ Completion of Adequate Preventative Drug Therapy/No clinical signs or symptoms suggestive of active TB

FORM TO BE COMPLETED BY EVALUATING PHYSICIAN. PRACTITIONERS MAY <u>NOT</u> COMPLETE THIS FORM ON BEHALF OF THEMSELVES; NOR BY PROVIDERS RELATED BY BLOOD OR MARRIAGE

_____ _____/_____/_____
SIGNATURE OF EXAMINING PRACTITIONER **DATE OF EXAM**

_____
TYPED OR PRINTED NAME

Return completed form to: Kaleida Health
Medical Staff Office
1028 Main St. 3rd Floor
Buffalo, NY 14202

or Fax to: 859-5592