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

**Overall Health View:**

Complete the following statement: "In General, my overall health is … “

1. excellent b) very good c) good d) fair e) poor

**Preventative Health:**

Since you will be providing services to a vulnerable population, we will need to know about your preventative health. Please answer the following:

Have you had a COVID-19 vaccination? Yes / No Complete series? Yes / No

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

Have you had a flu shot in the last 12 months? Yes / No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been vaccinated for MMR (Measles, Mumps, Rubella) Yes / No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been vaccinated for Hepatitis B? Yes / No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Requirements and Responsibilities:**

Do you feel that you can fulfill the requirements and responsibilities per the job description and duties of the position for which you have received an offer? Yes / No

If no, then please describe the type of accommodation you may require to fulfill the requirements and responsibilities per the job description and duties for the position for which you have received an offer.

If accommodation is required, provide medical documentation to support the request for accommodation.

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

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

 Signature Title