❍ George Pearson
❍ G.F.Strong
❍ North Shore
❍ Richmond
❍ UBC Hospital
❍ Vancouver Acute
❍ Vancouver Community

Vancouver Coastal Health
Promoting wellness. Ensuring care.

EMPLOYEE & WORKPLACE HEALTH & SAFETY

Baseline Health Screen for Residents working in Vancouver Coastal Health Facilities

To be completed and sent to the site specific Occupational Health Nursing Program (details below)

Please print clearly.

A Baseline Health Screen helps to ensure that new personnel are able to perform the tasks of the job without foreseeable negative health consequences for employees, patients or others in the workplace.

The provisions of the Freedom of Information and Privacy Act govern the information collected on this form.

PERSONAL DATA			
Worksite:	Department:	Job title:	
Date of Hire:	Tel. Local:	Building:	Room#:

Surname:	Given Name(s):	Previous Name(s):
Date of Birth (mm/dd/yy):	Employee ID#:	Telephone#:
Address:	City:	Postal Code:

PHYSICIAN INFORMATION	
Physician Name:	Physician Phone#:

	Disease History			Immunization History		Lab Results Antibody Level	
	Yes	No	Unsure	Vaccination	Date	Date	Level
Chicken Pox (Varicella Zoster virus)	❍	❍	❍	Dose #1: Dose#2:	_____ _____		
Measles	❍	❍	❍	Measles Dose #1: Dose#2:	 _____ _____		
Mumps	❍	❍	❍	MMR (Measles, Mumps, Rubella) Dose #1: Dose #2:	 _____ _____		
Rubella (German Measles)	❍	❍	❍				
Hepatitis B	❍	❍	❍	Had 3 doses? ❍ Yes ❍ No	1. _____ 2. _____ 3. _____		
Tetanus/Diphtheria/Polio	❍	❍	❍	❍ Yes ❍ No			

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

TB	❍	❍	❍	BCG ❍ Yes ❍ No			
Meningitis	❍	❍	❍	Meng C: Meng A,C, Y, 10-135:	_____ _____		

1. Do you have any medical conditions (ie. Heart disease, lung disease, epilepsy, diabetes, fibromyalgia, chronic fatigue syndrome, Crohn's disease, etc.) injury, emotional or psychological problems which may affect your ability to perform any portion of your job safely and effectively and without risk to yourself or others? ❍Yes ❍ No

2. a) Do you have a history of latex allergy, or any other allergy?
❍Yes ❍No
If yes, please list allergies: _____
_____
_____
_____

2. b) Do you experience itching, swelling or discomfort when in contact with latex products (ie. Rubber gloves, blowing up balloons, dental dams, condoms etc.)? ❍Yes ❍No

2. c) Do you have a history of hand dermatitis or other skin condition?
❍Yes ❍No
If yes, please explain: _____
_____
_____

3. Certain diseases will:
1. On occasion require work restriction or limitations (usually temporary)
2. Limit a person's suitability to perform duties that involve exposure prone procedures.
Therefore:
Please indicate whether you have any communicable diseases that should be considered in this context while working in healthcare. (ie. Hepatitis B or C, Tuberculosis, Herpes etc.)?
❍Yes ❍ No
If yes, please list diseases: _____
_____
_____

4. For those involved in food handling or direct patient care. Are you currently diagnosed as having any gastrointestinal infections such as salmonella, shigella, E.Coli, or a parasitic infection etc.?
❍Yes ❍No
If yes, please explain: _____
_____
_____

5. Are you susceptible to infections or do you have an immunodeficiency (ie. Chemotherapy, Long term Corticosteroids use, HIV infection etc.)?
❍Yes ❍No
If yes, please explain: _____
_____
_____

6. Have you suffered from any back/neck/shoulder or other joint or muscle pain in the past six months? ❍Yes ❍No
If yes, please explain: _____
_____
_____

7. Is there any medical reason you might have difficulty working shift work?
❍Yes ❍No
If yes, please explain: _____
_____
_____

8. Have you even been advised you're your physician to limit or restrict your work duties? ❍Yes ❍No
If yes, please explain: _____
_____
_____

MAILING INFORMATION

VANCOUVER GENERAL HOSPITAL
Occupational Health Nursing Program
Room 18 – Doctor's Residence
855 West 12th Avenue
Vancouver, BC V5Z 1M9

T: 604-875-4385 F: 604-875-5843