HEALTH SCREENING

We are asking for the following information in order to know where best to place you on job assignments.
Your full cooperation is needed and appreciated.

When did you see a physician last and for what reason? _____
Are you now under s physician's care? ❑ No ❑ Yes, details: _____
_____
What was the date of your last TB test or chest X-ray? _____ Results_____
To what extent do you use alcoholic beverages? ❑ Some ❑ Frequently ❑ None
Do you smoke? ❑ Yes ❑ No
Have you ever or are you now using narcotics or drugs not prescribed by a doctor? ❑ Yes ❑ No
Are you now taking any prescribed medications? ❑ Yes ❑ No
Have you ever had a nervous problem? ❑ Yes ❑ No
Have you ever been rejected for military service or employment for medical reasons? ❑ Yes ❑ No
Have you had or do you have any of the following conditions:

	Yes	No		Yes	No		Yes	No
Stomach ulcer	❑	❑	Chronic/frequent colds	❑	❑	Frequent/severe headaches	❑	❑
Low B/P	❑	❑	Venereal disease	❑	❑	Back trouble	❑	❑
High B/P	❑	❑	Fainting/dizziness	❑	❑	Hernia/rupture	❑	❑
Rheumatic fever	❑	❑	Menstrual problems	❑	❑	Nervous breakdowns	❑	❑
Diabetes	❑	❑	Epilepsy/convulsions	❑	❑	Heart trouble	❑	❑
Chest pain/pressure	❑	❑	Arthritis, bursitis	❑	❑	Difficulty hearing	❑	❑
Chronic cough	❑	❑	Skin trouble/disease	❑	❑	Rheumatism	❑	❑
						Allergy, asthma, wheezing	❑	❑

Name any other illnesses you have had: _____
Do you have any health problems at present? ❑ No ❑ Yes, details: _____
_____
Do you have any condition which we should take into consideration when placing you on assignment? ❑ No ❑ Y
_____

NURSING EXPERIENCE CHECKLIST

We are interested in knowing more about your education and experience background. Please check the following to indicate you have had *training* (T) and/or *experience* (E) in these nursing tasks:

	T	E		T	E		T	E
Alcoholism	❑	❑	Diabetic care	❑	❑	Oxygen	❑	❑
Apoplexy (stroke)	❑	❑	Emphysema care	❑	❑	Parkinsons Disease	❑	❑
Bed baths	❑	❑	Enemas	❑	❑	Multiple sclerosis	❑	❑
Bed sores (ulcers)	❑	❑	Fecal impactions	❑	❑	Patient transfer	❑	❑
B/P	❑	❑	Fractures/cast care	❑	❑	Pediatrics	❑	❑
Body positioning	❑	❑	Gastrostomy	❑	❑	Peritoneal dialysis	❑	❑
Burns	❑	❑	Gavage feeding	❑	❑	Physical therapy	❑	❑
Cancer	❑	❑	Hair care	❑	❑	Post mortem care	❑	❑
Cardiac monitor	❑	❑	Heart conditions	❑	❑	Post operative care	❑	❑
Care of elderly	❑	❑	Hepatitis	❑	❑	Psychiatric care	❑	❑
Cataracts	❑	❑	Hoyer/PortaLift	❑	❑	Respirators	❑	❑
Catheterization ❑ Female ❑ Male	❑	❑	Incontinence	❑	❑	Shaving male pts	❑	❑
Catheter irrigations	❑	❑	Infant care	❑	❑	Shock	❑	❑
Change bed w/ pt	❑	❑	Inhalations	❑	❑	Special diets	❑	❑
Charting	❑	❑	I&O Measurement	❑	❑	Sterile dressing tech.	❑	❑
Clinitest	❑	❑	Irrigations (cath, colost.)	❑	❑	Suctioning	❑	❑
Colostomy care	❑	❑	IV & IM	❑	❑	Tracheotomy care	❑	❑
Coma convulsions	❑	❑	Isolation Technique	❑	❑	Traction	❑	❑
			Medication	❑	❑	TPR	❑	❑
			Obstetrics	❑	❑	Tub baths	❑	❑
			Oral hygiene	❑	❑	Tuberculosis	❑	❑

Other experiences not listed: _____

In some situations some of the following duties are required while doing private duty home care. Please check any of the following which you are willing to do:

Meal planning	❑	❑	Vacuuming	❑	❑	Personal laundry	❑	❑
Cooking	❑	❑	Drive as needed	❑	❑	Care for pets	❑	❑
Dishes	❑	❑	Mop/scrub floors	❑	❑	Ironing	❑	❑
Dusting	❑	❑	Change linens	❑	❑	Clean bathrooms	❑	❑

The information given here is complete and true and I understand that any misrepresentation shall be sufficient cause for dismissal. I hereby authorize investigation of all information given herein. I also understand that I need not complete any item on this form that I believe to be in violation of federal or state civil rights or EEOC legislation.

Date: _____ Application Signature: _____

OFFICE USE

INTERVIEW RATING

Rated by:					Date:
	Above Avg	**Avg**	**Below Avg**	**No**	
Knowledge					
Previous experience	❑	❑	❑	❑	
Training/education	❑	❑	❑	❑	
Manner/appearance	❑	❑	❑	❑	
Maturity	❑	❑	❑	❑	
Health	❑	❑	❑	❑	
Overall	❑	❑	❑	❑	

Classification: Pay Rate Quoted:

REFERENCE RATING

	Reference called date	Reference sent date	Reference received date	Comments	Initials
1					
2					
3					
4					
5					
6					

❑ **RN** ❑ **LVN** ❑ **Aide** ❑ **PCA** ❑**CO** **Orientation Date:** _____

Name: (last)_____ (first)_____(mi)____(maiden)_____
Home phone: _____ Other phone: _____
Street: _____ City/St/ZIP_____
Birthdate:_____/_____/_____ Height:_____ Weight_____ Sex: ❑ M ❑ F
Marital Status_____ Spouse's name:_____
Ages of children:_____ Who will care for them:_____
Emergency notification: _____ Relationship:_____ Phone_____
U.S. Citizen? ❑ Yes ❑ No Social Security No: _____

EDUCATION

High school _____ From_____ to _____
Address_____
Degree/Course/Certificate_____ From_____ to_____
School of nursing/College _____ From _____to_____
Address_____
Degree/Course/Certificate _____
Other training_____
_____

TYPE OF WORK DESIRED:
❑ RN
❑ LVN/LPN
❑ NURSE AIDE
❑ HOME HEALTH AIDE
❑ COMPANION
❑ PERSONAL CARE ATTENDANT

OFFICE USE ONLY
Orient: Emp No:
Date Scheduled:
Completed:
Health Cert:
❑ New employee input ❑ Kardex card made ❑ Kardex sleeve made ❑ File application and forms

AVAILABILITY:

MON	A	B	C
TUES	A	B	C
WED	A	B	C
THURS	A	B	C
FRI	A	B	C
SAT	A	B	C
SUN	A	B	C

NOTES:

Live In _____

Car Available? ❑ Y ❑ N D/L_____

If RN or LPN/LVN, give current registration number:
_____
State: Exp Date

EMPLOYER REFERENCES

1. Current/last employer _____Phone_____
   Address _____ City_____
   Start date_____ To_____ Salary_____
   Position_____ Nature of work_____
   Supervisor_____ Reason for leaving_____

2. Prior employer _____Phone_____
   Address _____ City_____
   Start date_____ To_____ Salary_____
   Position_____ Nature of work_____
   Supervisor_____ Reason for leaving_____

3. Prior employer _____Phone_____
   Address _____ City_____
   Start date_____ To_____ Salary_____
   Position_____ Nature of work_____
   Supervisor_____ Reason for leaving_____

4. Prior employer _____Phone_____
   Address _____ City_____
   Start date_____ To_____ Salary_____
   Position_____ Nature of work_____
   Supervisor_____ Reason for leaving_____

PERSONAL REFERENCES – Not Family Related

1. Reference_____ _____Phone_____
   Address _____ City_____
   Position_____ Years known_____

1. Reference_____ _____Phone_____
   Address _____ City_____
   Position_____ Years known_____