

**TRINITY CARE XYZ**



***Health Examination/Screening Attestation Form***  
*(To be retained employee file)*

Employee Name: \_\_\_\_\_

Date of First Case: \_\_\_\_\_  
*(First day worked)*

**Action Completed:**

**Dates:**

**Signatures:**

- Post Offer Physical \_\_\_\_\_
- Periodic health exams (if req'd.) \_\_\_\_\_
- Rubella Screening \_\_\_\_\_

Rubeola Screening (born in 1957 or later)  
Employee Birth Date: \_\_\_\_\_

- Initial TB Screening:**
- 2-step Mantoux Screening *OR* \_\_\_\_\_
- Timely Annual Mantoux  
(1 year after 2-step test w/ documentation) \_\_\_\_\_
- IGRA blood test \_\_\_\_\_

- Date of chest X-ray *AND* \_\_\_\_\_
- TB Questionnaire \_\_\_\_\_

**On-going Annual Testing:**

- Annual TB Screening *OR* \_\_\_\_\_
- Annual TB Questionnaire \_\_\_\_\_

HEP B Vaccine: Date *Accepted* or *Declined* \_\_\_\_\_  
*(circle)*

**Designated Medical Reviewer**

*I attest that the above information is truthful and correct pursuant to my review of the personnel health records.*

RN Name/Title (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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RN Name/Title (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_