



**Annual Statement of Physical Health for EI Staff and Providers**

Name: \_\_\_\_\_ Year: \_\_\_\_\_

The health status of all personnel shall be reassessed no less than annually to assure that personnel are free from health impairments which pose potential risk to patients or personnel or which may interfere with the performance of duties.

- ① How would you describe your present health status?  
Very good \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
- ② Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_
- ③ Are you currently under a physician's care for treatment of any chronic illness/condition? Yes \_\_\_\_\_ No \_\_\_\_\_
- ④ If yes, does this illness/condition impact on your ability to perform your job duties? Yes \_\_\_\_\_ No \_\_\_\_\_
- ⑤ If yes, explain: \_\_\_\_\_
- ⑥ Did you receive an influenza immunization during the past year? Yes \_\_\_\_\_ No \_\_\_\_\_
- ⑦ If no, explain: \_\_\_\_\_
- ⑧ Do you wish to receive any of the following immunizations?  
 Hepatitis B Yes \_\_\_\_\_ No \_\_\_\_\_ Information Only \_\_\_\_\_ Already had/current \_\_\_\_\_  
 Flu Yes \_\_\_\_\_ No \_\_\_\_\_ Information Only \_\_\_\_\_ Already had/current \_\_\_\_\_  
 Pneumovax Yes \_\_\_\_\_ No \_\_\_\_\_ Information Only \_\_\_\_\_ Already had/current \_\_\_\_\_  
 Varicella Yes \_\_\_\_\_ No \_\_\_\_\_ Information Only \_\_\_\_\_ Already had/current \_\_\_\_\_  
 (Chickenpox)  
 Tetanus (Td) Yes \_\_\_\_\_ No \_\_\_\_\_ Information Only \_\_\_\_\_ Already had/current \_\_\_\_\_  
 Tdap Yes \_\_\_\_\_ No \_\_\_\_\_ Information Only \_\_\_\_\_ Already had/current \_\_\_\_\_  
 (Tetanus, Diphtheria, Pertussis)  
 MMR Yes \_\_\_\_\_ No \_\_\_\_\_ Information Only \_\_\_\_\_ Already had/current \_\_\_\_\_  
 (Measles, Mumps, Rubella)

Annual Mantoux/PPD Date \_\_\_\_\_ Result \_\_\_\_\_ Chest X-ray if indicated Date \_\_\_\_\_

I certify that the above answers are correct to the best of my knowledge.

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

HCP Signature (MD, PA, NP)(Required for EI Providers): \_\_\_\_\_ Date: \_\_\_\_\_