

Communicable Disease Questionnaire

Initial: Update

1. As far as you know, do you currently have **any communicable disease**?

YES NO Explain _____

2. Have you ever been diagnosed as **having tuberculosis**? I understand that a "yes" answer means that I need to produce a physician's release for treatment.

YES NO Explain _____

3. Have you been diagnosed as **having infectious hepatitis or been exposed to anyone having infectious hepatitis** in the last six weeks? I understand that a "yes" answer means that I need to produce a physician's release for treatment.

YES NO Explain _____

4. List any medications that you are currently taking:

5. State any physical limitations or disabilities which may interfere with your treatment participation.
Explain _____

6. It is highly recommended that SHYAS members have regular tuberculosis testing and show evidence of test results. It is also understood that if I am diagnosed as having any communicable disease, it is required to report findings to the Department of Health. **I UNDERSTAND THAT I CANNOT PARTICIPATE IN TREATMENT IF I HAVE A COMMUNICABLE DISEASE THAT HAS NOT BEEN TREATED.**

Patient Signature: _____

Date: _____

For Office Use Only:

I have assessed this individual and am satisfied that the employee appears free of obvious medical problems which prevents program participation.

SHYAS Rep/Nurse Signature: _____

Date: _____