

# Employee Personal Health Self-Assessment



Employee Name \_\_\_\_\_ Date \_\_\_\_\_

## Overall Health View:

Complete the following statement: "In General, my overall health is ... "

- a) excellent      b) very good      c) good      d) fair      e) poor

## Preventative Health:

Have you had a COVID-19 vaccination?      Yes / No      Complete series?      Yes / No

Have you had a flu shot in the last 12 months?      Yes / No

Have you been vaccinated for MMR (Measles, Mumps, Rubella)      Yes / No      Date: \_\_\_\_\_

Have you been Vaccinated for Hepatitis B?      Yes / No      Date: \_\_\_\_\_

## Job Requirements and Responsibilities:

Do you feel that you can fulfill the requirements and responsibilities per the job description of the position for which you are applying?      Yes / No

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_