

## Caregiver Screening Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Best time to call: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Region: \_\_\_\_\_

Facility/Department: \_\_\_\_\_ Position: \_\_\_\_\_

Please complete the following to the best of your knowledge. This will become a part of your caregiver health file. All medical information is confidential. If you have any questions please call Caregiver Health Services (CHS).

**Yes**  **No** If applicable, are you willing and able to wear required safety equipment such as gloves, glasses, respirators, masks or ear protection on the job?  
 If no, please explain: \_\_\_\_\_

**Yes**  **No** I have been provided and understand the detailed position description and I am mentally and physically capable of performing the essential functions of the position being hired for.

**Yes**  **No**  **N/A** If you answered **no** to the previous statement, would accommodations allow you to perform the essential functions?  
 If yes, please specify accommodations required: \_\_\_\_\_

**Yes**  **No** Are you taking medications which may impact your ability to safely perform the functions of your position or otherwise pose a safety concern?

**Yes**  **No**  **N/A** If you are being hired in Oregon or Washington, have you been placed in the Preferred Worker Program under workers' compensation laws?

**Yes**  **No** Have you ever had any reaction to any latex product (e.g., rash, swelling, anaphylaxis, burning after contact)?  
 If yes, please describe: \_\_\_\_\_

**Yes**  **No** Have you ever had any reaction to (please circle any that apply): avocado, banana, chestnuts, egg, kiwi, milk, papaya, passion fruit, peach, potato, or tomato?  
 If yes, please describe: \_\_\_\_\_

**Yes**  **No** Do you have any communicable condition that may be potentially transmitted to others in the hospital or health care setting?

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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