

**OCCUPATIONAL HEALTH SERVICES**

**PRE-PLACEMENT SCREENING QUESTIONNAIRE**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other covered entities covered by GINA Title II from requiring genetic information of an individual or family member, except as specifically allowed by the law.

To comply with the law, we are asking that you **not** provide any genetic information when responding to this request for medical information. All medical information is private and kept in the workforce member’s separate and confidential Occupational Health Record.

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| **DEMOGRAPHIC INFORMATION** |
| **Name:** |  | **Cell Phone #:** |  |
| **Date of Birth:** |  | **Place of Birth:** |  |

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| **MEDICAL HISTORY** |

1. **Do you have any allergies (environmental, medication, etc.)?** [ ]  **Yes** [ ]  **No**
* **If so, please explain:**

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1. **Have you ever had any health problems as a result of your work** [ ]  **Yes** [ ]  **No**

**environment or job tasks, or told to restrict your activity?**

* **If so, please explain:**

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1. **Do you need any accommodations (special equipment or assistive** [ ]  **Yes** [ ]  **No**

**devices) to perform your job?**

* **If so, please explain:**

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1. **Are you currently under medical care for any illness or injury that may** [ ]  **Yes** [ ]  **No**

**affect your job now or in the future?**

* **If so, please explain:**

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1. **Are you currently taking any medications regularly prescribed by a** [ ]  **Yes** [ ]  **No**

**healthcare provider that may affect your job now or in the future?**

* **If so, please explain:**

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1. **Have you had any hospitalizations or surgeries that may affect your** [ ]  **Yes** [ ]  **No**

**job now or in the future?**

* **If so, please explain:**

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1. **Will you be working with research animals in your new role at Dana-Farber?** [ ]  **Yes** [ ]  **No**

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1. **Will you be working with blood, bodily fluids, human tissue, or cell lines** [ ]  **Yes** [ ]  **No**

**in your new role at Dana-Farber?**

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| **TUBERCULOSIS (TB) STATUS** |

1. **Have you been in a country for more than one month with a high rate**

**of TB (any country other than the US, Canada, Australia, New Zealand,** [ ]  **Yes** [ ]  **No**

**and those in Northern or Western Europe)?**

* **If so, please print location and duration of stay:**

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1. **Do you currently have a weakened immune system?** [ ]  **Yes** [ ]  **No**

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1. **Have you had close contact with someone who has had infectious TB** [ ]  **Yes** [ ]  **No**

**disease since your last TB test?**

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1. **Have you ever had the BCG vaccine (a TB vaccine typically given outside** [ ]  **Yes** [ ]  **No**

**of the US)?**

* **If so, please print date and location:**

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1. **Have you ever had a TB skin test or a TB blood test?** [ ]  **Yes** [ ]  **No**
* **If so, please print date and result of your last test:**

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1. **Have ever had a POSITIVE TB skin test or TB blood test?**
* **If so, please print date and location:** [ ]  **Yes** [ ]  **No**
* **If so, please print date of your last chest x-ray:**

**Location: Result:**

* **Is documentation available?** [ ]  **Yes** [ ]  **No**
* **If not, please explain:**

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1. **Have you ever received medicine for a TB infection or active TB disease?** [ ]  **Yes** [ ]  **No**
* **If so, please print date and location:**
* **Is documentation available?** [ ]  **Yes** [ ]  **No**
* **If not, please explain:**

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1. **Have you had any of the following symptoms in the past three months?**

[ ]  **Persistent cough > 3 weeks** [ ]  **Loss of appetite** [ ]  **Unusual fatigue**

[ ]  **Coughing up blood or sputum** [ ]  **Unexplained weight loss** [ ]  **Night sweats**

[ ]  **Fever**

[ ]  **I have not had any of these symptoms in the past three months**

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| **SIGNATURE** |

*I hereby declare that my answers to the above questions are complete and true to the best of my knowledge. I understand that any misstatement of fact or omission of information may be sufficient cause for denial of medical clearance or dismissal.*

**NEW HIRE SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**