

Employee/Occupational Health Post-Offer Health History Questionnaire

Last Name: _____ First Name: _____ MI: _____

Date of Birth _____ Email: _____

Position: _____ Department: _____

Contact Phone Numbers (Cell): _____ (Home): _____

Allergies: I have no known allergies.

OR I have the following allergies:

Latex Explain Reaction: _____

Other Explain: _____

Medications & Supplements:

Are you taking any medications or supplements that could impair your ability to do your job?

No

If yes, please list below:

Are you taking any medications or supplements that could affect you such that you may need to be restricted from working in certain areas?

No

If yes, please list below:

Prior Injuries or limitations:

I have no known injuries or limitations that will affect my performing the duties of my job.

OR list Present or Anticipated Limitations:

Accommodations: I have read the job description for which I have been offered conditional employment. I can perform the job tasks and functions essential to this job:

- without reasonable accommodations.
- with reasonable accommodations.

If you need to request a reasonable accommodation, please indicate what specific accommodations are needed and the reason why they are necessary:

Candidate Verification:

I certify that this information is true and complete to the best of my knowledge. I understand that giving false information may result in dismissal. I understand that this health screening does not constitute a complete and comprehensive medical exam. I also understand that any abnormal findings that may interfere with my work performance, or the safety of patients or hospital employees, is identified, this may be discussed with my supervisors and Human Resource personnel if necessary.

(Candidate Signature)

(Date)

Provider Verification:

I have reviewed the Post-Offer Health History Questionnaire and the job tasks with the candidate and addressed their questions and/or need for an accommodation.

Comments:

(Clinician Signature)

(Date)

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<p>All Children’s Campus (JHACH) OHS <input type="checkbox"/></p> <p>500 Seventh Ave S., Suite 103 St. Petersburg, FL 33701 Phone: 727-767-4190 Fax: 727-767- 8399 Email: ach-occhealth@jhmi.edu</p>	<p>Bayview Campus OHS <input type="checkbox"/></p> <p>5300 Alpha Commons Dr, Suite 105 Baltimore, MD 21224 Phone: 410-550-0477 Fax: 410-550-0732 Email: ohsclinic@jhmi.edu</p>	<p>E. Baltimore Campus OHS <input type="checkbox"/></p> <p>98 N. Broadway, Suite 421 Baltimore, MD 21231 Phone: 410-955-6211 Fax: 410-955-1617 Email: ohsoffice@jhmi.edu</p>	<p>Homewood Campus OHS <input type="checkbox"/></p> <p>1101 East 33rd Street, Rm. C-160 Baltimore, MD 21218 Phone: 443-997-1700 Fax: 443-997-1701 Email: cschopman@jhu.edu</p>
<p>Howard County Campus OHS <input type="checkbox"/></p> <p>5755 Cedar Ln. Columbia, MD 21044 Phone: 410-740-7838 Fax: 410-740-7685 Email: hcghemployeehealth@jhmi.edu</p>	<p>JHHC at Live Well Clinic <input type="checkbox"/></p> <p>7231 Parkway Drive, Ste 100 Hanover, MD 21076 Phone: 410-424-4886 Fax: 410-762-5965 Email: jpaydo@jhhc.com</p>	<p>Sibley Campus OHS <input type="checkbox"/></p> <p>5255 Loughboro Rd. NW, Ground Fl. Washington, DC 20016 Phone: 202-537-4265 Fax: 202-537-4442 Email: SMH-Occ-Health@jh.edu</p>	<p>Suburban Campus OHS <input type="checkbox"/></p> <p>8600 Old Georgetown Rd, 4th floor Bethesda, MD 20814 Phone: 301-896-3167 Fax: 301-897-1355 Email: shemployeehealth@jhmi.edu</p>