THE NEW JEWISH HOME
JEWISH
HOME
Sarah Neuman

THE NEW JEWISH HOME/SARAH NEUMAN
HEALTH STATUS REPORT

Name: _____ Date of Birth: _____

Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell # _____ Business # _____

Have you volunteered for the Jewish Home & Hospital Lifecare System before? ☐ Yes   ☐ No

Do you have any physical or medical disabilities?   Yes: _____ No: _____

If yes, please specify: _____

Notify in case of emergency: _____

Relationship: _____ Phone: _____

Personal History: (Please check)

	Yes	No
Asthma		
Allergies (Med or Food Only)		
Back Injury		
Diabetes		
Epilepsy (Seizures)		
Fainting Spells		
Heart Disease		
High Blood Pressure		
Psychiatric History		
Visual Problems		

Immunization History: (Please check)

	Yes	No
Chicken Pox		
MMR		
TB-TST (Manatoux)		
History of BCG (TB inoculation as a child in a foreign country)		

To protect the health and well-being of our residents, Sarah Neuman requires proof of a current negative TST/Mantoux test for Tuberculosis (or negative chest x-ray), and proof of MMR immunization from all volunteers. ***New volunteers are required to have two PPDs (within two weeks of each other) before they can begin their assignments.*** In lieu of the two step TB test, volunteers may opt to have their doctor administer the QuantiFERON®-TB Gold test (QFT-G) blood test.

1st TST   Lot # _____**Date of Exp.**_____ **Left Arm**_____ **Right**_____

2nd TST   Lot # _____**Date of Exp.**_____ **Left Arm**_____ **Right**_____

TST (skin test for TB)	2nd TST	Chest x-ray (If indicated)	MMR: (Measles & Rubella) Proof of inoculation **must** be attached in order to be considered valid. Results must come from the doctor/facility that completed the inoculation and must include the date(s) administered.
Date Administered _____ Date Read _____ Result: Neg _____ Pos_____ Signature:	Date Administered____ Date Read _____ Result: Neg ____Pos_____ Signature:	Date _____ Result: Neg ___Pos____	☐ Vaccination ☐ Immune Titer

-OVER-

Name: _____Date of Birth: _____

Dear Physician or Health Center,

The above named person is in the process of applying as a volunteer at The Jewish Home & Hospital Lifecare System's Westchester Division, Sarah Neuman Center for Healthcare & Rehabilitation. Volunteers provide socialization, escort and/or wheel chair transport to activities, clinics and therapies, and assist with activities, orderliness or individual living space, grooming, and feeding and/or may work in offices providing clerical support.

In order to protect the health and well being of residents, patients, clients, staff, volunteers, and visitors at the facility, it is our policy and a recommendation of the NYDOH that all incoming volunteers have a two-step test for tuberculosis prior to working with our resident population. This test would require that anyone seeking work as a volunteer or intern must provide proof of having had two current negative TST/Mantoux tests for Tuberculosis (or negative chest x-ray) within ten days to two weeks of each other. It this is not completed, volunteers will **NOT** be permitted to work. Volunteers must also provide proof of measles immunization (if born after 1/1/57), proof of rubella immunization or immune rubella titer, and a statement of good health are required for anyone seeking access to the Jewish Home & Hospital as a volunteer.

To Be Completed by Physician or Nurse Practitioners

I certify that the above volunteer is in good health and medically able to perform his/her volunteer duties.

_____   _____

| Stamp Here |

_____   _____
DOCTOR/NURSE SIGNATURE   DATE

_____
OFFICE ADDRESS   CITY   STATE   ZIP

_____

FOR PARENTS USE ONLY:

I give permission to allow my child to volunteer at JHL. I am also authorizing JHL or the above doctor/nurse practitioners to administer the TST for Tuberculosis required by NY State law when volunteering in a nursing home. This test must be read within 48-72 hours by a medical professional after it is administered. If you have any questions please call the volunteer office at (914) 864-5140 for Westchester.

_____   _____
PARENT'S SIGNATURE   DATE

FOR JEWISH HOME & HOSPITAL USE ONLY:

VOLUNTEER HEALTH CLEARANCE:

☐ CLEARED TO VOLUNTEER   ☐ NOT CLEARED TO VOLUNTEER

_____   _____
SIGNATURE OF MEDICAL CLINIC NURSE   DATE

SPECIAL NOTES:

_____

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