Health Questionnaire

Employee Name: ______________________________

Company Name: ______________________________

Please check any of the below listed diseases for which you are **currently** exhibiting signs and/or symptoms:

☐ Anthrax	☐ Botulism	☐ Cholera
☐ Diphtheria	☐ Measles	☐ Meningococcal Disease
☐ Plague	☐ Rabies, Human	☐ Rubella
☐ Small Pox	☐ Viral Hemorrhagic Fever	☐ Yellow Fever
☐ Chancroid	☐ Cyclosporiasis	☐ Dengue
☐ Staphylococcus aureus	☐ Encephalitis	☐ Granuloma Inguinale
☐ Haemophilus influenza	☐ Hantavirus	☐ Hemolytic Uremic Syndrome
☐ Syphilis	☐ Legionnaires' Disease	☐ Listeriosis
☐ Lymph granuloma venereum	☐ Malaria	☐ Meningitis
☐ Mumps	☐ Pertussis	☐ Poliomyelitis
☐ Psittacosis	☐ Q Fever	☐ Rubella
☐ Tetanus	☐ Tuberculosis	☐ Tularemia
☐ Typhoid Fever	☐ Amebiasis	☐ Brucellosis
☐ Campylabacteriosis	☐ Chlamydia Infections	☐ Creutzfeldt-Jakob Disease
☐ Cryptosporidiosis	☐ Cytrnegalovirus	☐ Ehrlichiosis
☐ Giardiasis	☐ Gonococcal Infections	☐ Hepatitis B
☐ Hepatitis C	☐ Hepatitis D	☐ Hepatitis E
☐ Herpes	☐ Kawasaki Disease	☐ Leprosy
☐ Leptospirosis	☐ Lyme Disease	☐ Mycobacterial Disease
☐ Pelvic Inflammatory Disease	☐ Reye Syndrome	☐ Rheumatic Fever
☐ Rocky Mountain Spotted Fever	☐ Streptococcal Disease	☐ Toxic Shock Syndrome
☐ Streptococcus pneumonia	☐ Toxoplasmosis	☐ Typhus Fever
☐ Vibriosis	☐ Yarsiniosis	☐ Chickenpox
☐ Influenza	☐ Blastomycosis	☐ Conjunctivitis
☐ Histoplasmosis	☐ Pediculosis	☐ Scabies
☐ Sporotrichosis	☐ Staphylococcal Skin Infections	☐ **Varicella**
	Foodborne Diseases Outbreaks	
☐ Salmonellosis	☐ Shigellosis	☐ E. coll
☐ Hepatitis A	☐ Entamoaba histolytic	☐ Campyiabacter
☐ Vibrio Cholera	☐ Cryptosporidium	☐ Cyclosporine
☐ Giardia	☐ Yersinia	☐ Trichinosis
None of the Above		

__________ I have received the Varicella Vaccination   __________ I have not received the Varicella Vaccination

I have been provided with educational material regarding the Varicella (Chickenpox) Vaccine and understand that if I am interested in receiving the vaccine I should consult my physician or public health nurse

I also, certify I have reviewed the list of diseases as stated in rule 3701,3.02 of the Administrative Code and am currently not exhibiting any signs or symptoms of these diseases. I agree to inform the facility administration immediately should I come in contact with a person with one of the diseases listed or if I exhibit signs or symptoms of any of the diseases listed.

______________________________   ______________________________

Employee Signature   Date