



February 5, 2020

Employee Health-CMC
2220 Circle Drive
MCCO Building, 4th Floor
Cleveland, OH 44106
216-844-1602 Phone
216-844-3990 Fax

Dear Physician,

Congratulations on your offer of employment at through the University Hospitals Health System (UHHS). We hope your experience here will be extremely positive and rewarding.

All UHHS employees, including physicians, are required to have a post-offer health assessment. **Your assessment will take place in Employee Health at Cleveland Medical Center and can be scheduled by calling 216-844-1453.** Employee Health is located on the 4th floor of the MCCO building and a map is enclosed. Appointments can be scheduled from 7:30 a.m. to 3:00 p.m., Monday through Friday. We will attempt to accommodate your schedule but strongly encourage you to call as soon as possible as appointments fill up quickly. Please note that you will not be able to start orientation until your assessment is complete.

Your assessment will last approximately one hour and will include a review of your medical history, urine drug and nicotine screening, TB testing, OSHA-mandated respiratory fit testing, and vaccines/immune status. Please note that you will also be screened for nicotine, as UHHS is a nicotine-free workplace. Gentlemen, we ask that you come to this appointment clean-shaven if you do not normally keep a beard so that fit testing can be conducted same day.

We will ask you to have blood titers drawn for MMR, varicella and hepatitis B. If you have any records from previous immunizations or titers, please bring them to your appointment. If you have a history of a positive TB reading, please also bring any related documentation (i.e. chest x-ray report). **If you need to download documents from an email or flash drive, please do so prior to your appointment to avoid delaying others who have a scheduled appointment.**

If you will be working with lasers, a form for an eye examination is included with this letter. Please review it to see if your department is included. Directions on how to schedule this exam are detailed on the form. The eye exam, as well as all other Employee Health services such as vaccinations are available free of charge through UHHS.

At the time of your health assessment you will also be acquainted with the services offered through the Employee Health Service such as updating immunizations and the treatment of job-related illness and occupational injuries such as needlestick injuries or splashes.

If you have any questions, please feel free to call for further information. We look forward your visit with us and assisting you with your employee health needs during your tenure at University Hospitals Health System.

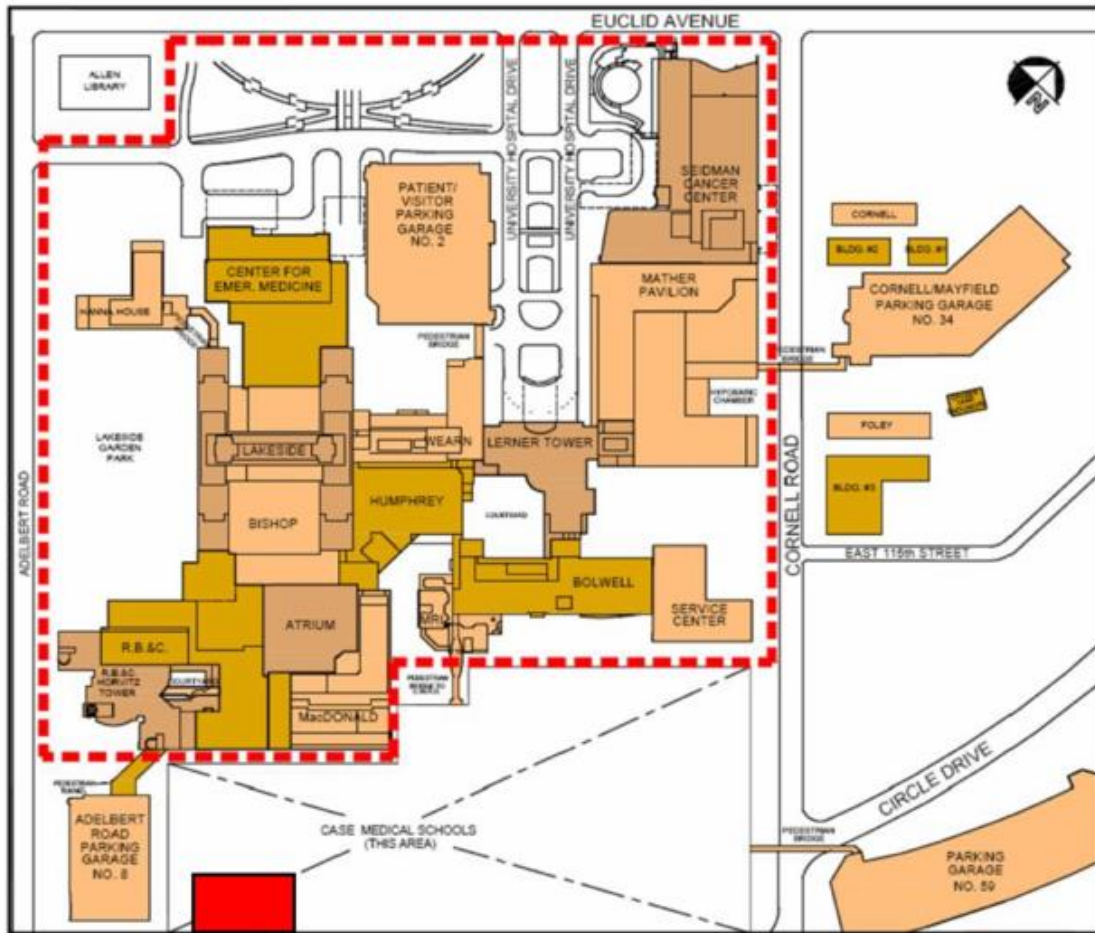
Sincerely,

A handwritten signature in black ink that reads 'Meredith J. Walters, DNP'.

Meredith J. Walters, DNP, MSN, FNP-BC
Manager, UHHS Employee Health



Employee Health



MCCO Building ↑

**Department of Corporate Health
Medical Center Company Services Building
"MCCO"- 2220 Circle Drive, 4th Floor**

From Euclid Avenue:
Take Cornell Rd South
Turn Right onto Circle Drive
MCCO building is on the Right.
You will see a set of double glass doors with the red UH logo; take elevator to the 4th floor.

If parking on campus, Park in the Adelbert Road parking garage. Exit on the 1st floor through the back of the garage.



Employee Health Services Post Offer History Form

Personal Data

Name (Last, First, MI)		Last 4 SSN:
Date of birth: / /	Age:	
Phone: Home	Mobile	Work
Address:		
Job Title and Department:		

Current Medical Provider

Name of Doctor:	Phone number:
Address:	

Health History

Do you have or have you had any of the following?	Yes	No	Do you have or have you had any of the following?	Yes	No
Weight loss/Weight gain (circle)			<i>Back pain/back injury</i>		
<i>Heart disease/heart attack</i>			Joint pain or swelling		
Headaches			Stroke		
Dizziness/Vertigo			<i>Seizure</i>		
<i>Shortness of breath</i>			Skin problems (rash, eczema, psoriasis)		
Palpitations/skipped beats			<i>Panic attacks/psychiatric diagnosis</i>		
<i>Hypertension</i>			<i>Diabetes</i>		
<i>Chest Pain or tightness</i>			<i>Cancer/immune disease</i>		

Do you have any medical condition or chronic symptoms which could interfere with your ability to perform your job duties? If yes, please explain:		
Do you take any prescription, over the counter, or herbal medication? If yes, please list:		
Do you have allergies to medications, latex, food or other substances? If yes, please list:		
Have you had any work related injuries, chemical or body fluid exposures? If yes, please describe:		
<i>Have you missed more than one week of work because of illness or injury? If yes, please describe:</i>		
Do you use any products containing nicotine, including nicotine replacement therapy?		
Do you drink alcohol? If yes, please list number of drinks per week:		

Latex Allergy Screening

	Yes	No
Are you aware of having an allergy to latex? If yes, please circle your reaction(s) below Local rash within minutes of latex exposure/local rash hours to days after exposure/worsening asthma/nasal congestion/itching eyes/ Diffuse rash/urticarial (itching skin)/facial Swelling/Shortness of breath/Chest tightness/hypotension/fainting		
Do any of the following cause you rashes, irritation or any of the above symptoms (even if mild) If yes, please circle the item(s) below: Balloons/rubber gloves/hot water bottles/rubber bands, grips/foam pillows/diaphragms/condoms/latex sexual aids/gyne exams/digital rectal exams/dental exams/enemas/erasers/face masks/clothing elastic/list any other rubber:_____		
Do you ever use latex gloves?		
Do your co-workers ever use latex gloves?		
Have you ever had unexplained intraoperative hypotension, shock or anaphylaxis?		
Does frequent hand washing cause your hands to break out in a rash? If yes, please explain		
Have you ever required medical treatment for a latex reaction? If yes, please explain		
Do you have an EPI pen because of a latex allergy?		
*****BELOW SECTION EMPLOYEE HEALTH STAFF ONLY*****		
<input type="checkbox"/> No Allergy <input type="checkbox"/> Irritant Derm <input type="checkbox"/> Type IV Latex Allergy		
Medical Alert Bracelet recommended		
EPI Pen through PCP recommended		
Latex surveillance appointment needed		
Follow up: <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> none needed		

Patient Signature: _____

Date: _____

Reviewed by: _____

Date: _____



**University Hospitals
Employee Health**

**Please fax this completed form back to
Employee Health at
216-844-3990**

Guidelines for all employees working with laser equipment in the following departments:

Anesthesiology	Ophthalmology	Cardiac Cath Lab	Radiation
Oncology	Dermatology	Gynecology	Gastroenterology
General Surgery	Otolaryngology	Cardio-Thoracic Surgery	Plastic/Recon Surg
Neuro Surgery	Operative Services	Urology	Clinical Eng.

Employees working in areas using laser technology who are in direct contact with the laser equipment must have an eye examination prior to employment as well as following any suspected laser injury. An appointment for the examination must be made before beginning to work with the lasers.

***Please call 216-844-3601 to schedule your appointment.
There will be no charge to you for the visit. Bring this form with you to the exam.***

EMPLOYEE NAME: _____ **Last 4 digits of SS#** _____

	NORM OU	OD	OS
PAST EYE Hx	Neg.		
FAMILY EYE Hx	Neg.		
C.C.	NONE		
PAST, CURRENT EYE MEDS	NONE		
VISUAL ACUITY (CORRECTED) DIST.	20/	20/	20/
BROWS, LIDS, LASHES CONJUNCTIVA	NORM OU		
CORNEA, SCLERA, IRIS, PUPIL, LENS, (SLIT, LAMP)	NORM OU		
INTRAOCULAR PRESSURE (DILATED PUPIL) DISC		C/D	C/D
MACULA	NORM OU		
VESSELS (Retinal)	NORM OU		
MEDIA OPACITIES	NORM OU		
FUNDUS PHOTOS (ONLY IF DISC OR RETINAL ABNORMALITY)		OD DONE	OS DONE

DATE OF EXAM _____ EMPLOYEE HOSP. # _____

PHYSICIAN NAME _____ /SIGNATURE _____
(Please Print) (Please sign)

I authorize release of this information to University Hospital Employee Health

EMPLOYEE SIGNATURE _____ DATE _____