Oklahoma Department of Corrections
Employee Medical Screening Form

Employee's Name (PRINTED) ______________________ Facility/Unit ______________________

IMMUNIZATION HISTORY Have you received the following immunizations:	Yes	No	Date (If Known)
1. Measles			
2. Hepatitis B If "yes" circle the number of Hepatitis B vaccines you received: 1 2 3			
3. Tetanus			
TUBERCULOSIS HISTORY	**Yes**	**No**	**Date** (If Known)
1. Have you ever received a PPD skin test in the past? If "Yes "what were the results?			
2. Have you ever taken TB medication or been treated for tuberculosis infection or active disease in the past? If "Yes" where were you treated? ______________________			
FOOD SERVICE STAFF ONLY			
1. Have you now or have you over the last seven days suffered from diarrhea and/or vomiting?			
2. At present, do you have any skin trouble affecting the hands or arms such as skin abscesses with drainage?			
3. At present or within the last seven days, have you had a fever accompanied by any other symptoms, (chills, chough, sore throat, etc.)?			
4. At present or within the last six months have you experienced episodes of jaundice?			

5. Have you ever or are you currently symptomatic for any communicable infection(s) that could be transmitted through foods (Check all that apply)

- ☐ Astroviruses
- ☐ Bacillus cereus
- ☐ Campylobacter jejuni
- ☐ Clostridium perfringens
- ☐ Cryptosporidium species
- ☐ Entamoeba histolytica
- ☐ Enterohemorrhagic .E coli
- ☐ Enterotoxigenic E coli
- ☐ Giardia intestinalis
- ☐ Hepatitis A virus
- ☐ Nontyphoidal Salmonella
- ☐ Noroviruses
- ☐ Rotaviruses
- ☐ Salmonella Typhi
- ☐ Sapoviruses
- ☐ Shigella species
- ☐ Staphylococcus aureus
- ☐ Streptococcus pyogenes
- ☐ Taenia solium - cysticercosis
- ☐ Vibrio cholera
- ☐ Yersinia enterocolitica

I hereby attest that the answers provided to the questions above are truthful and accurate as they pertain to my ability to perform the duties of the job that I have applied for with the Oklahoma Department of Corrections.

Employee's Signature ______________________ Date ______________

Oklahoma Department of Corrections
Employee Post-Offer Screening and Examination Report Results

____ _____________________
Employee Name (PRINTED) Facility/Unit

Based on the above referenced employee's attestation and screening information:

___ The employee reports the ability to perform essential job functions with or without reasonable accommodation

___ The employee is referred to a non-ODOC medical provider for further evaluation, determination of ability to perform job functions with or without accommodation, and for treatment if indicated.

____ __________________
Signature of Healthcare Provider Date