AKRON REGIONAL HOSPITAL ASSOCIATION

ANNUAL TUBERCULOSIS/HEALTH ASSESSMENT STATUS FORM

Please type in the information:

PRINT NAME: (Last) _____ (First) _____

In order to comply with the Department of Health and the Medical Staff policies and procedures, a Tuberculosis and Health Assessment verification must be completed annually for you no later than (date): _____

ANNUAL TUBERCULOSIS SCREENING (Check all that apply)

I had a Tuberculosis skin test on (date) _____ at (facility) _____

Check all boxed that apply:

- ☐ My skin test was negative
- ☐ My skin test was positive
- ☐ I have had a positive skin test in the past or history of BCG/Tuberculosis
  - ☐ I had a chest x-ray on (date) _____
  - ☐ I have not had a chest x-ray
- ☐ I have **NOT** had any unexplained Tuberculosis-compatible symptoms within the past year

ANNUAL HEALTH ASSESSMENT (Required by Ohio Dept. of Health for neonatal, maternity, OB/GYN patient care.)

- ☐ I attest that I have had a health evaluation completed by a licensed practitioner on (date) _____
- ☐ No, I have not had a health evaluation. I am scheduled for a health evaluation on (date) _____
- ☐ I attest that I have immunity to measles, mumps, rubella, chickenpox, and Hepatitis B. (It is only necessary for documentation of this to be provided once with the initial application. Need history of disease or record of immunization or titer.)
- ☐ I do not have any condition that predisposes me toward acquiring or transmitting infectious diseases.

ARE YOU A NEONATAL RESUSCITATION PROVIDER? ☐ Yes ☐ No

If yes, are you currently NRP certified? ☐ Yes ☐ No

MARK AN "X" to the hospital you are submitting this form AND

It is the applicant's responsibility to sign your name, print your name, date, and fax or mail this form to **EACH** and **EVERY** hospital in which you are currently practicing.

HOSPITAL	FAX NUMBER
☐ Affinity Medical Center	330-830-6928
☐ Akron General Health System	
Akron General Medical Center	330-344-5799
Lodi Community Hospital	330-948-5545
Edwin Shaw Rehab	330-784-4201
☐ Akron Children's Hospital	330-543-3834
☐ Aultman Hospital	330-580-6696
☐ Medina Hospital	330-721-4902

HOSPITAL	FAX NUMBER
☐ Robinson Memorial Hospital	330-297-8463
☐ Regency Hospital of Akron/Ravenna	330-564-2121
☐ Select Specialty Hospital- Akron SHS	330-375-4218
☐ Summa Health System	330-375-4047
☐ *Akron City Hospital*	
St. Thomas Hospital	
Barberton Hospital	330-615-3112
☐ *Wadsworth Rittman Hospital*	330-335-6938
☐ *Western Reserve Hospital*	330-971-7040

Please sign, print your name and fax to the hospital(s) listed above.

Signature: _____ Date: _____

Print your name: _____

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