Northwestern Medicine®

NON-EMPLOYEE HEALTH REVIEW FORM

Welcome to Northwestern Medicine! Prior to starting in your role with us, you must complete all the items listed on the checklist below and receive clearance from Corporate Health/Employee Health. Failure to complete this form or provide the necessary documentation may delay your start date.

This form applies to the following individuals: volunteers, contractors, and observers who will be onsite at any NM facility. Exceptions to this process needs authorization from Corporate Health/Employee Health.

1. COMPLETE THE PERSONAL INFORMATION SECTION

FULL NAME:	DATE OF BIRTH:	LAST 4 DIGITS OF SS#:
HOME ADDRESS:	CITY/STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	MALE ☐ FEMALE: ☐
EMAIL:	EMERGENCY CONTACT:	EMERGENCY CONTACT PHONE:
DO YOU HAVE ANY PHYSICAL LIMITATIONS OR DISABILITIES WHICH WOULD IMPACT YOUR ABILITY TO PERFORM YOUR FUNCTION OR ASSIGNMENT? YES ☐ NO ☐ IF SO, PLEASE DESCRIBE:		
DO YOU HAVE ANY MEDICAL CONDITIONS THAT SHOULD BE KNOWN IN ORDER TO PROVIDE SAFETY FOR YOU WHILE YOU PERFORM YOUR FUNCTION/ASSIGNMENT TO OUR HEALTHCARE ORGANIZATION AND OUR PATIENTS? ☐ YES ☐ NO IF SO, PLEASE DESCRIBE:		

2. PREPARE COPIES OF YOUR HEALTH/IMMUNIZATION/BLOOD TITER RECORDS

If you do not have any or all of these health records in your possession, you may be able to get copies from your doctor, your school (if you are a current or recent student), or a current/recent employer. If you are missing any or all of these records from these sources, you will still need to obtain and provide the documentation for these items. You may be able to complete these tests at your doctor's office or a local convenient care health center, however, you will be responsible for the cost of these tests if not covered by any applicable health insurance plan you may have.

☐ MEASLES/MUMPS/RUBELLA (MMR) IMMUNITY- This requirement can be satisfied one of two ways:

- Provide proof of completing the MMR vaccine series (which consists of two doses), **OR**
- Provide blood test results showing immunity to measles/rubeola, mumps, and rubella

☐ VARICELLA (CHICKENPOX) IMMUNITY- this requirements can be satisfied one of two ways:

- Provide proof of completing the varicella vaccine series (which consists of two doses), **OR**
- Provide blood tests results showing immunity to varicella
- Please note: Having had chicken pox in the past does NOT constitute proof of immunity

☐ TETANUS, DIPHTHERIA, PERTUSSIS (TDAP)

- Required for individuals coming into direct contact with NM patients.
- Provide proof of vaccination as an adult (over 11 years)
- Please note: The vaccine must include pertussis. Td vaccine, which is without pertussis, does not fulfill the requirement

☐ SEASONAL INFLUENZA (FLU) VACCINATION- this is a requirement from Sept 1- May 1:

- Our mandatory flu program requires you to obtain the flu vaccine during the current flu season. If previously vaccinated for this year's flu season, please provide documentation of receiving the influenza vaccine.

☐ RESULTS OF TUBERCULOSIS TEST(S)- this requirement can be satisfied one of three ways:

- Provide the documentation of two negative TB skin tests, also called PPDs (one no more than 1 year old, and one no more than 90 days prior to your start date), **OR**
- Provide the documentation of one negative TB blood test (we'll accept Quantiferon Gold or T-spot) performed within the last 90 days.
- If you've had a positive TB test, provide the report of a normal chest x-ray performed within the past year. The chest x-ray should post date your positive TB test.

☐ HEPATITIS B: Hepatitis B is not required but highly recommended if your role will be in a direct patient care area. If you do have this documentation, please provide proof of immunity which would be either official documentation of the 3 series of immunizations or a positive titer for Hepatitis B.

3. PLEASE EMAIL/FAX THIS COMPLETED FORM (INCLUDING YOUR HEALTH/IMMUNIZATION RECORDS) TO THE FOLLOWING OFFICE FOR CLEARANCE

☐ NORTHWESTERN MEMORIAL HOSPITAL
- EMAIL: NMPGCH@NM.ORG

☐ NORTHWESTERN LAKE FOREST HOSPITAL
- EMAIL- NMPGCH@NM.ORG

☐ MARIANJOY REHAB HOSPITAL
- EMAIL- OCCHEALTHWEST@NM.ORG

☐ CENTRAL DUPAGE HOSPITAL
- EMAIL: OCCHEALTHWEST@NM.ORG

☐ DELNOR COMMUNITY HOSPITAL
- EMAIL- OCCHEALTHWEST@NM.ORG

☐ KISHWAUKEE/VALLEY WEST
- EMAIL- OCCHEALTHWEST@NM.ORG

PLEASE NOTE: **ALL RECORDS SHOULD BE FAXED AT THE SAME TIME.** PLEASE DO NOT FAX UNTIL YOU HAVE ACCUMULATED **ALL** OF YOUR REQUIRED RECORDS. IN ADDITION, immunization records will not be accepted without this form. If records are being sent directly from your doctor's office, please make sure they have a copy of this form.

SIGNATURE:____ DATE:________________________

CONGRATULATIONS AND WELCOME TO NORTHWESTERN MEDICINE!

Document Information

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Document Description

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