



Non-Employee Health Screening

Volunteers | Job Shadows | Externs

* Students participating in patient care activities may require additional health screenings

STEP 1: Complete This Section

Name (Please print) _____

Emergency Contact Information (Name, Phone Number) _____

TUBERCULOSIS (TB) INDIVIDUAL RISK ASSESSMENT	NO	YES
Have you had temporary or permanent residence of > 1 month in a country with a high TB rate? (Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)		
Do you have current or planned immunosuppression? (Including HIV infection, organ transplant recipient, treatment with a TNF-alpha antagonist, chronic steroids equivalent of prednisone > 15 mg/day for > 1 month or other immunosuppressive medication)		
Have you been a close contact with someone who has had infectious TB disease?		
Have you had any of the following symptoms of TB for three weeks or longer? Chronic cough, blood-streaked sputum, unexplained weight loss, night sweats, fever, fatigue or shortness of breath		
Do you have a history of a past positive Tuberculosis testing?		

Individuals completing a job shadow experience only require the above individual TB risk assessment. Those with "YES" answers will require further testing as outlined below for clearance.

I understand that TB testing is mandatory for UPMC experiences. Completion of a T-Spot or Quantiferon lab work is the accepted form of testing.

(Please note Chest X-ray may need to be completed)

Please note all fields below are required for registration for TB testing

Last Name _____ First Name _____

DOB _____ Phone Number _____

Home address _____

City _____ State _____ Zip _____ County _____

Phone Number _____ Email _____

Volunteers: After receiving confirmation from Volunteer Services, call Employee Health. See listing for phone numbers below to set up an appointment. Tell them you are a volunteer. **Individuals completing a student experience:** Contact your rotation representative for next steps.

UPMC NON-EMPLOYEE HEALTH QUESTIONNAIRE

NAME	DATE OF BIRTH
-------------	----------------------

	YES	NO
Do you have any current health problems, disabilities, or restrictions that would limit your ability to perform the functions that are expected and/or that have been assigned to you? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to lift, carry, or push objects (i.e. carts) safely?	<input type="checkbox"/>	<input type="checkbox"/>
Would you have any difficulty walking or standing for extended periods of time?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any vision problems that would limit your ability to read or see objects?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any problems with hearing (hearing aids are permitted)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to write legibly and/or read instructions?	<input type="checkbox"/>	<input type="checkbox"/>
<i>I certify that I fully understand all requests for information contained on this form and I certify that the information supplied by me on this form is complete and correct to the best of my knowledge. I also understand that additional testing may be necessary prior to my assignment that may include a TB skin test, radiological, and/or medical testing as deemed appropriate. I also understand that the information provided on this form will be kept confidential and will only be used for assignments and/or emergencies.</i>		
Signature:	Date:	
Parent/Guardian Signature (if under 18 years of age):	Date:	

Employee Health Location	Phone Number
UPMC Altoona	814-889-3824
UPMC Bedford Memorial	814-624-4329
UPMC Childrens Hospital of Pittsburgh	412-692-8450
UPMC Cole	814-274-5442
UPMC East	412-357-3014
UPMC Hamot	814-877-2120
UPMC Horizon - Shenango	724-983-7187
UPMC Jameson	724-656-4131
UPMC Magee-Women's Hospital	412-641-4445
UPMC McKeesport	412-664-2360
UPMC Mercy	412-232-8107
UPMC Muncy	570-546-4179
UPMC Northwest	814-676-7703
UPMC Passavant-Cranberry	724-720-5919
UPMC Passavant-McCandless	412-748-6420
UPMC Carlisle	717-216-3711
UPMC Harrisburg	717-231-8580
UPMC Lititz	717-216-3711
UPMC York	717-849-5481
UPMC Presbyterian	412-647-3695
UPMC Shadyside	412-623-1920
UPMC Somerset	814-443-5249
UPMC South Hills (Family Hospice Volunteers)	412-347-3304
UPMC St. Margaret	412-784-5104
UPMC Wellsboro	570-723-0881
UPMC Western Maryland	240-964-9210
UPMC Williamsport	570-321-1740

Non-Employee Health Questionnaire (cont.)

***** For Employee Health Use Only *****

Influenza Vaccine Date of Vaccine _____ Not Flu Season Exemption Request

Tdap (if required) Date of Vaccine _____

IGRA Date Drawn _____ Result _____
(T-Spot or Quantiferon)

Clearance Date _____

Employee Health/MH@W Staff Signature _____

For volunteers: Please send clearance status results to the Volunteer Services Representative within your business unit. For a complete listing, please see the link under the Employee Health folder within the Onsite Services SharePoint. [Volunteer Services Business Unit Contacts.pdf \(sharepoint.com\)](#)