

## **New Employee Checklist**

(All perspective employees must have the following items)

- High School Diploma/GED/Degree
- Driver’s License
- Social Security Card
- Vehicle Safety Inspection (check sheet—window inspection)
- Auto Liability Insurance Print-Out (showing Limits of Liability Coverage, Expiration Date, Policy Number, Name & Address/Phone Number of Agent/Agency)
- Physical Exam/TB Skin Test
- Documentation of Certification & Trainings
- \*NCDMV Driving Record-Certified Copy Required (see attached form) \*Please provide proof of fees paid
- Vehicle Registration
- Local Criminal Record Check
- Statewide Criminal Record Check will be done by this agency
- Health Care Registry Check will be done by this agency

**EMPLOYEE HEALTH EVALUATION**

Pre-Employment  
(Part 1)

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Physician Address \_\_\_\_\_

Check One

Have you ever:

No    Yes

- \_\_\_\_\_    \_\_\_\_\_ 1. Missed more than two weeks of work due to health or medical reasons?
- \_\_\_\_\_    \_\_\_\_\_ 2. Been refused employment for health or medical reasons?
- \_\_\_\_\_    \_\_\_\_\_ 3. Been awarded compensation due to an accident or injury?
- \_\_\_\_\_    \_\_\_\_\_ 4. Been discharged from employment due to medical or health reasons?
- \_\_\_\_\_    \_\_\_\_\_ 5. Worked with asbestos?
- \_\_\_\_\_    \_\_\_\_\_ 6. Worked dusty jobs?
- \_\_\_\_\_    \_\_\_\_\_ 7. Worked with radioactive materials?

Please explain all answers marked “Yes”

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check One

Have you ever received medical treatment for:

- \_\_\_\_\_    \_\_\_\_\_ 1. Alcohol or substance abuse?
- \_\_\_\_\_    \_\_\_\_\_ 2. A mental condition?
- \_\_\_\_\_    \_\_\_\_\_ 3. Rheumatic fever or rheumatic heart disease?
- \_\_\_\_\_    \_\_\_\_\_ 4. Any type of cardiac disorder?
- \_\_\_\_\_    \_\_\_\_\_ 5. Fainting spells or seizures?

# *Independent Human Services*

*“Where Everybody Is Somebody”*

- 6. Diabetes?
- 7. Asthma, hay fever, allergies, or sinus trouble?
- 8. Hepatitis or liver disease?
- 9. Stomach problems?
- 10. Ulcers?
- 11. Heart problems?
- 12. Tuberculosis?
- 13. Back problems?
- 14. Blood disorders?

Please explain all answers marked “Yes”

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Other comments concerning your health

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Signed \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYEE HEALTH EVALUATION**

*(Part 2)*

**EMPLOYEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MEDICAL FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

DOCTOR’S STATEMENT:

This is to verify that the examination on this date of the above named person shows overall good general health and mental status. There is no evidence of health problems, communicable diseases or other physical or mental condition, which will impair that the ability of this individual to perform his/her duty in the employment of Independent Human Services.

Physician’s Signature

Date

**EMPLOYEE HEALTH EVALUATION**

Shot Record

(Part 3)

**TUBERCULOSIS SKIN TEST**

DATE TESTED: \_\_\_\_\_

RESULTS: \_\_\_\_\_

SIGNATURE OF HEALTH PROFESSIONAL READING ABOVE TEST:

DATE

HEPATITIS B VACCINATION

ADMINISTERING NURSE’S SIGNATURE

DATE OF 1<sup>ST</sup> VACCINATION:

DATE OF 2<sup>ND</sup> VACCINATION:

DATE OF 3<sup>RD</sup> VACCINATION:

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OFFICE AT: Independent Human Services (252)635-9495

NOTES: