



Post Offer Health Assessment

Last Name	First Name	MI	Date of Birth	Age	F M Sex	Orientation Date
Address (Street/P.O. Box)		City, State, Zip		Home Phone		
				Cell Phone		
The purpose of the post offer assessment is to screen you for communicable diseases and to determine whether or not you can perform the essential functions of the job that you have been offered. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential job functions.						
Job Title/Department:						
Can you perform the essential functions and physical demands of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain If no or uncertain, please explain: If no or uncertain, please indicate status of limitation/restriction: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until: _____						
Are you currently participating in a mandated program by your licensing/credentialing agency regarding substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If you have answered yes, please explain: If you have answered yes, please provide the name of the licensing/credentialing agency: _____						

I certify that the above information is true to the best of my knowledge. I acknowledge that based on lab results, additional tests may be required. I further understand that misrepresenting facts in this form may result in withdrawal of the offer of employment at Stormont Vail Health. I understand that this record will become part of my confidential Employee Health file.

Applicant Signature: _____

Date: _____