

Oklahoma Department of Corrections Employee Medical Screening Form

Employee's Name (PRINTED)

Facility/Unit

IMMUNIZATION HISTORY Have you received the following immunizations:	Yes	No	Date (If Known)
1. Measles			
2. Hepatitis B If "yes" circle the number of Hepatitis B vaccines you received: 1 2 3			
3. Tetanus			
TUBERCULOSIS HISTORY	Yes	No	Date (If Known)
1. Have you ever received a PPD skin test in the past? If "Yes" what were the results?			
2. Have you ever taken TB medication or been treated for tuberculosis infection or active disease in the past? If "Yes" where were you treated? _____			
FOOD SERVICE STAFF ONLY			
1. Have you now or have you over the last seven days suffered from diarrhea and/or vomiting?			
2. At present, do you have any skin trouble affecting the hands or arms such as skin abscesses with drainage?			
3. At present or within the last seven days, have you had a fever accompanied by any other symptoms, (chills, cough, sore throat, etc.)?			
4. At present or within the last six months have you experienced episodes of jaundice?			
5. Have you ever or are you currently symptomatic for any communicable infection(s) that could be transmitted through foods (Check all that apply) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> Astroviruses <input type="checkbox"/> Bacillus cereus <input type="checkbox"/> Campylobacter jejuni <input type="checkbox"/> Clostridium perfringens <input type="checkbox"/> Cryptosporidium species <input type="checkbox"/> Entamoeba histolytica <input type="checkbox"/> Enterohemorrhagic .E coli <input type="checkbox"/> Enterotoxigenic E coli <input type="checkbox"/> Giardia intestinalis <input type="checkbox"/> Hepatitis A virus </div> <div style="width: 48%;"> <input type="checkbox"/> Nontyphoidal Salmonella <input type="checkbox"/> Noroviruses <input type="checkbox"/> Rotaviruses <input type="checkbox"/> Salmonella Typhi <input type="checkbox"/> Sapoviruses <input type="checkbox"/> Shigella species <input type="checkbox"/> Staphylococcus aureus <input type="checkbox"/> Streptococcus pyogenes <input type="checkbox"/> Taenia solium - cysticercosis <input type="checkbox"/> Vibrio cholera <input type="checkbox"/> Yersinia enterocolitica </div> </div>			

I hereby attest that the answers provided to the questions above are truthful and accurate as they pertain to my ability to perform the duties of the job that I have applied for with the Oklahoma Department of Corrections.

Employee's Signature

Date

Oklahoma Department of Corrections
Employee Post-Offer Screening and Examination Report Results

Employee Name (PRINTED)

Facility/Unit

Based on the above referenced employee's attestation and screening information:

____ The employee reports the ability to perform essential job functions with or without reasonable accommodation

____ The employee is referred to a non-ODOC medical provider for further evaluation, determination of ability to perform job functions with or without accommodation, and for treatment if indicated.

Signature of Healthcare Provider

Date

DOC 140116A
(R 12/21)