

**MEDICAL SCREENING FORM FOR FITNESS FOR DUTY EVALUATION TO
WORK IN THE BIOSAFETY LEVEL PPE FOR EBOLA VIRUS DISEASE**

Purpose: This information will be used by the Employee Health Professional (EHP) to make an accurate assessment of your ability to safely work in the Biosafety Level PPE used to protect workers from Ebola Virus. The EHP will evaluate the information on this form and document for you and your supervisor any protective measures or work restrictions to be followed. The Medical Surveillance is to be completed prior to starting work in the Biosafety Level PPE used to protect workers from Ebola Virus and periodically to assess ongoing risks and fitness for duty as needed. Additional evaluation may be required at Employee Health depending upon your questionnaire responses.

Name: _____(Please Print)
 Employee Number _____ Job Location _____
 Email address: _____ Phone #: _____

Your answers are confidential and need not be shown to your Supervisor/Manager.

Do you have any of the following medical conditions or diseases?

Yes	No		Yes	No	
		Shortness of breath, difficulty breathing			Tuberculosis
		Chronic respiratory condition, asthma			Kidney or liver disease
		Persistent cough (for > 3 weeks)			Diabetes
		Bringing up sputum every day (for >3 weeks)			Chronic infectious disease
		Coughing up blood			Skin conditions (e.g., eczema, psoriasis, dermatitis)
		Unexplained weight loss (8 lbs or more)			Dizziness, fainting spells, seizures, epilepsy
		Unexplained fever			Valvular heart disease
		Night sweats			Heart disease or condition
		Fatigue or run down feeling (for > 3 weeks)			History of spleen problems or absence of spleen
		Chest pain			Pregnant or planning to become pregnant
		Immune system deficiencies or other limitations to your ability to fight off disease or infection (for example: cancer, lupus, organ transplant, HIV infection)			
		Current medication or treatment that may suppress your immune system (for example: steroids, prednisone, chemotherapy, radiation therapy) If yes, provide list:			
		Any other health conditions that you think could be adversely affected by working in a Biosafety Level PPE?			
		Any known allergies (chemicals, latex, environmental)?			
		Do you have claustrophobia?			
		Have you been fit tested for an N95 mask within the last year?			
Since you last N95 fit testing have you had any of the following:					
		Facial reconstructive or cosmetic surgery?			
		Significant dental work (e.g. new dentures)			
		Facial scars, burns or deformity?			

Explain all "yes" responses (print clearly): _____