



Health Statement/Medical Declaration Form

Employee Information:

Name: _____
Date of Birth: _____
Social Security Number: _____
Position: Registered Nurse (RN)

Medical History:

1. Current Medications:

List all current medications

2. Allergies:

List all known allergies, including medication, food, and environmental allergies

3. Chronic Conditions:

List any chronic medical conditions (e.g., diabetes, hypertension, asthma)

4. Recent Illnesses or Surgeries:

Detail any illnesses or surgeries in the past year

5. Immunization Status:

Tetanus, Diphtheria, Pertussis (TDAP):

Hepatitis B:

Influenza:

COVID-19: [Dates of vaccination & boosters]



Health Status Declaration:

1. Do you currently have any physical or mental health conditions that could affect your ability to perform your duties as a Registered Nurse?

Yes No If yes, please provide details: _____

2. Have you been hospitalized or undergone major surgery in the past five years?

Yes No If yes, please provide details: _____

3. Do you have any communicable diseases that could pose a risk to patients or colleagues?

Yes No If yes, please provide details: _____

4. Are you currently pregnant or planning to become pregnant in the next year?
(Optional)

Yes No If yes, please provide details: _____

Fitness for Duty Statement:

- I certify that I am in good health and capable of performing my duties as a Registered Nurse without posing a risk to myself, my colleagues, or my patients.
- I understand that providing false or misleading information may result in disciplinary action, including termination of employment.

Employee Declaration:

I hereby declare that the information provided in this Health Statement/Medical Declaration is true and complete to the best of my knowledge.

Employee Signature: _____

Date: _____

Employer Review:

Reviewed by: _____

Position: _____

Date: _____