

**RETURN COMPLETED FORM TO THE NURSE ASAP**

2011-2012 \_\_\_\_\_

**WEST JEFFERSON HILLS HEALTH SERVICES  
HEALTH SERVICES**

2012-2013 \_\_\_\_\_

2013-2014 \_\_\_\_\_

- ♥ Review and make any changes from the last school year.
- ♥ Sign your initial on the CURRENT school year line.
- ♥ Return to the Health Office for check-off purposes.

2014-2015 \_\_\_\_\_

2015-2016 \_\_\_\_\_

**~ALL EMPLOYEES MUST RETURN A COMPLETED SHEET~**

2016-2017 \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY (OPTIONAL) \_\_\_\_\_

EMPLOYEE ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_

EMPLOYEE'S TITLE \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

HOURS WORKED PER WEEK \_\_\_\_\_ TIME SHIFT STARTS \_\_\_\_\_

**PERSON TO BE CONTACTED IN CASE OF EMERGENCY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

***List below any medical condition that should be called to an attending physician's attention, such as allergies, diabetes, hypertension, previous surgery, seizures, etc.***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***List the name and dosage of medication that you are presently taking:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_