

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:
