

ANNUAL HEALTH ASSESSMENT

Indicate appropriate program and graduating year. Sign and date at the bottom of the page. Upload the completed form to Medcat or send email to studenthealth@downstate.edu. Registration renewal will not be complete until this form is received along with all requirements. All health information is confidential.

MEDICINE: Class of _____ SOHP: Class of _____ NURSING: Class of _____

NAME _____ SID _____

ADDRESS _____ CITY _____ STATE _____ Zip Code _____

PAGER/CELL PHONE _____

1. Have you had any illnesses in the past year? ☐ Yes ☐ No
If yes, please explain _____
2. If you have had a negative PPD in the past, since your last health assessment at the Student Health Center, has your tuberculin test become positive? ☐ Yes ☐ No ☐ N/A
3. OSHA requires that health care givers wear a special N95 high filtration mask when in contact with a patient with active tuberculosis/COVID-19. You are required by OSHA to answer the following questions and come to Student Health for a mask fitting. (If you do not have patient contact, indicate with N/A).
 - a. Have you ever worn a mask as described above? ☐ Yes ☐ No ☐ N/A
 - b. Do you have problems using such a mask? ☐ Yes ☐ No
If yes, please explain _____
 - c. Do you have any chronic diseases, especially pulmonary or cardiac? ☐ Yes ☐ No
If yes, please explain _____
 - d. Do you take any medications? ☐ Yes ☐ No
If yes, please list _____
4. Are you a habitual user of stimulants, depressants, alcohol, or other addictive substances? ☐ Yes ☐ No

I certify that the above statements are true and correct to the best of my knowledge.

Student's Signature _____ Date _____