

MIAMI VALLEY HOSPITAL

HEALTH EVALUATION FOR  
MEDICAL STAFF MEMBERS AND ALLIED HEALTH PROFESSIONALS

1. TB Skin Test (PPD) Date Received: 2/10/12  
Result: Negative

OR

Chest X-Ray \*Date Received: \_\_\_\_\_  
Result: \_\_\_\_\_

\*Tuberculosis Health Questionnaire may be completed in lieu of chest x-ray for persons with positive skin tests. Questionnaire on back side of this sheet.


2. Have you had any health problems in the last 12 months which would interfere with the practice of your clinical privileges at Miami Valley Hospital?

\_\_\_\_\_ Yes X No

\*If your answer is yes, please provide a detailed description of the health problem(s).

3. Do you have current Neonatal Resuscitation Certification? (not required)

\_\_\_\_\_ Yes X No

  
\_\_\_\_\_  
Signature

Tushar Shah  
\_\_\_\_\_  
\*Printed Name

2/12/10  
\_\_\_\_\_  
Date

Tuberculin screening is **MANDATORY** for all Medical Staff and Allied Health Professionals

- We cannot update your file if we cannot read your name

PLEASE RETAIN A COPY FOR YOUR FILES FOR DISTRIBUTION TO OTHER HEALTH CARE FACILITIES

COMPLETE AND RETURN FORM TO MEDICAL STAFF OFFICE – FAX 208-2890

4/15/08