



Office: 469.429.2913
Fax: 469.429.2914

hr@vigorcaretexas.com
www.vigorcaretexas.com



Application Folder

- To be reviewed annually and as needed

___ Application for Employment

___ Professional References [3] checked

___ Background / Reference Check Authorization

___ W-4 Form

___ Employee Acknowledgement

___ Statement of Employability

___ Online Nursing License Verification [For Office Use – attach copy to application]

___ Proof of License Verification

___ Copy of Current CPR Card ** Must state 'Healthcare Provider/Professional Lifesaver

** Must be recognized by AHA or American Red Cross

Must include **Both sides of the card; **Back must be signed**

___ **Copy of Driver's License**

___ Driving Waiver [if applicable]

___ Automobile Insurance [if applicable]

___ Probationary Period Policy

___ Attendance & Tardiness Policy

VIGORCARE PEDIATRIC SERVICES DOES NOT CARRY WORKERS' COMPENSATION INSURANCE

Employee Name: _____ Signature/Date: _____



Proof of License Verification

Employee: _____ **Social Security number:** ____ - ____ - ____
Discipline: _____ **License Number:** _____
Hire Date: _____

License Type _____ **Issue Date:** _____ **Valid/Expiration Date:** _____

Comments: _____

Name of Verifier/Title _____ **Date:** _____



VIGORCARE PEDIATRIC SERVICES

Application for Employment

Please print all information requested except signature

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS
Using an Oral Fluid Drug screen Device

VIGORCARE PEDIATRIC SERVICES DOES NOT CARRY WORKERS' COMPENSATION INSURANCE

Date: _____

Name: _____
 Last First Middle Maiden

Present Address:

Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (Home) _____ (Cell): _____

If under 18, please list age _____ Email: _____

Position Applied For: _____ Days/hours available to work

Salary Desired (Be Specific): _____ No Preference Mon _____
Tue _____ Wed _____
Thur _____ Fri _____
Sat _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired Full-Time Only Part Time Only Full or Part Time

When are you available to start work? _____

Other: [Explain] _____



TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	No. of Years Completed	Major / Degree
High School				
College				
Business Or Trade School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ____ No ____ Yes

If yes, please explain number of convection(s), nature of offense(s) leading to convections(s) how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? ____ Yes ____ No

What is your means of transportation to work? _____

Driver's license No. _____ State of issue _____ Expiration date: _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

Please list two references other than relatives' employers.

Name _____ Name _____

Position _____ Position _____

Occupation _____ Occupation _____

Company _____ Company _____

Address _____ Address _____

Telephone [Home] _____ Telephone [Home] _____



An application sometimes makes it difficult for an individual to adequately summarize a complete background and skills. Please use the space below to highlight additional information necessary of your full qualification for the specific position for which you are applying.

Lined area for providing additional information.

Employment History (list most recent)

1.

Name of Employer

[Empty text box for Name of Employer]

Name of supervisor

[Empty text box for Name of supervisor]

Dates of employment

From _____ To _____

Salary

Beginning \$ _____ Last _____

Complete Address

[Empty text box for Complete Address]

Phone# _____ Fax# _____

Last job title _____

Reason for leaving

[Empty lines for Reason for leaving]



2.

Name of Employer

Name of supervisor

Dates of employment

From _____ To _____

Salary

Beginning \$ _____ Last _____

Complete Address

Phone# _____ Fax# _____

Last job title _____

Reason for leaving

3.

Name of Employer

Name of supervisor

Dates of employment

From _____ To _____

Salary

Beginning \$ _____ Last _____

Complete Address

Phone# _____ Fax# _____

Last job title _____

Reason for leaving

MAY WE CONTACT THESE EMPLOYERS __ YES [ALL] __ NO [ALL] EXCEPT ____, ____



Please list 3 Professional References other than Relatives and Previous Employer

Name	
Address	
Phone	

Name	
Address	
Phone	

Name	
Address	
Phone	



BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

(Important - Please read carefully before signing)

In the interest of maintaining the safety and security of our customers, employees and property, **VIGORCARE PEDIATRIC SERVICES** (the Company”) will order a “consumer report” (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, TXDPS, will prepare the background report for the Company. TXDPS can be reached at <https://records.txdps.state.tx.us/DpsWebsite> .

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors (An “investigative consumer report” is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by TXDPS or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 866 – 220 - 0679. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to TXDPS and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to TXDPS and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than TXDPS without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is **true and correct** and understand that dishonesty will disqualify me



from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses Within The Past Five Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

Signature

_____/_____/_____
Date: (Month/Day/Year)



EMPLOYMENT REFERENCE CHECK AUTHORIZATION AND RELEASE

Name of Applicant: _____

Position Applying For: _____

Social Security No.: _____

I hereby release from liability the company or person completing this form and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Signature: _____ Date: _____

Professional Reference Check

Name/Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip _____

Phone#: _____ Fax#: _____

***To be completed by previous or current employer**

- Was the applicant employed? Yes _____ No _____
- If yes, what were his/her dates of employment? From _____
To _____
- Applicant's position until the last day of employment?
Position _____
- Is the applicant eligible for rehire? Yes _____ No _____ if no, why not?

Verification Type _____

Name/Title: _____

VHH Representative: _____

Date: _____

Please fax completes form back to 469-429-2914 or e-mail to hr@vigorcaretexas.com Phone: 469-429-2913.



Licensed Policy Manual

Probationary Period Policy
HR.23

To clearly define the first 30 days of employment as a probationary period

As an employee of VigorCare Pediatric Services, I understand that I am on a probation period for the first 30 days of my employment. Probationary Period will begin on the first day of my first scheduled shift under the Texas "Unemployment Compensation Law"

As stated in the Texas "Unemployment Compensation Law", if VigorCare Home Health terminates me for inadequate work performance, the agency will not be held accountable for any unemployment benefits that I might qualify for at a later date.

1. Upon hire, staff will be given a copy of the Probationary Period Policy.
2. Staff will sign policy in acknowledgment.

Signature: _____ Date: _____

Print Name: _____



Statement of Employability

By execution of this document, I acknowledge that I have been informed by the Agency and agree that the Agency may conduct a State of Texas criminal history check. I agree to a search of the Nurse Aide Registry and the Employee Misconduct Registry prior to employment and at least every 12 months if hired. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this Agency. I understand that I am unemployable if listed in the NAR or EMR per TAC 893.3 and TxH&SC Chapter 253.

Criminal history Check

I have informed this agency of all names (i.e. , maiden, aliases) that I have used in the past. I understand that my employment is pending the results of the criminal history check, and that I may not have face-to-face patient contact until results are returned. I will be notified of results.

CONVICTIONS BARRING EMPLOYMENT

- (A). A person for whom the facility is entitled to obtain criminal history record information may not be employed in a facility if the person has been convicted of an offense listed in this subsection:
- An offense under Chapter 19, Penal Code (criminal homicide);
 - An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
 - An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
 - An offense under Section 21.08, Penal Code (indecent exposure);
 - An offense under Section 21.11, Penal Code (indecent with a child);
 - An offense under Section 21.12, Penal Code (improper relationship between educator and student);
 - An offense under Section 21.15, Penal Code (improper photography or visual recording);
 - An offense under Section 22.011, Penal Code (sexual assault);
 - An offense under Section 22.02, Penal Code (aggravated assault);
 - An offense under Section 22.021, Penal Code (aggravated sexual assault);
 - An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or a disabled individual)
 - An offense under Section 22.041, Penal Code (abandoning or endangering a child);
 - An offense under Section 22.05, Penal Code (deadly conduct);
 - An offense under Section 22.07, Penal Code (terroristic threat);
 - An offense under Section 22.08 Penal Code (aiding suicide);
 - An offense under Section 25.031, Penal Code (agreement to abduct from custody);
 - An offense under Section 25.08, Penal Code (sale or purchase of a child);
 - An offense under Section 28.02, Penal Code (argon)
 - An offense under Section 29.02, Penal Code (robbery);
 - An offense under Section 29.03, Penal code (aggravated robbery);
 - An offense under Section 33.021, Penal Code (online solicitation of a minor);
 - An offense under Section 34.02, Penal Code (money laundering);
 - An offense under Section 35A.02, Penal Code (Medicaid fraud);
 - An offense under Section 42.09, Penal Code (cruelty to animals); or
 - A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed by this section
 - An offense the Agency determines to be contraindicated to employment with the consumers the Agency serves.
- (B). A person may also be barred from employment the duties of which involve direct contract with a client in a facility if convicted of any of the following crimes within the past 5 years:
- An offense under Section 22.01, Penal Code (assault punishable as a Class A misdemeanor as a felony);
 - An offense under Section 30.02, Penal Code (burglary);
 - An offense under Chapter 31, Penal code (theft that is punishable as a felony);
 - An offense under Section 32.45, Penal Code (misapplication of fiduciary property or Property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or
 - An offense under section 32.46, Penal Code (securing execution of a document by deception Punishable as a Class A misdemeanor or a felony).
 - An offense under Section 37.12, Penal Code (false identification as a peace officer); or
 - An offense under Section 42.01 (a)(7),(8), or (9), Penal Code (disorderly conduct).



- (C). In addition to the prohibitions an employment prescribed by Subsections (A) and (B), a person for whom a facility licensed under Chapter 242 or 247 is entitled to obtain criminal history record information may be employed in a facility licensed under Chapter 242 or 247 if the person has been convicted:
Of an offense under Section 30.02, Penal Code (burglary); or
Under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense under Section 30.02 Penal Code.
- (D). In addition to the prohibitions an employment prescribed by Subsections (A),(B) and (C), a nurse aide listed as unemployable per amendment to TAC 40,\$ 94.10(1) and \$94.11(c) (d) and is listed on the NAR or EMR stating a finding of abuse, neglect or misappropriation will not be recertified therefore, is unemployable.
- (E). For purpose of this section, a person who is placed on deferred adjudication community supervision for an offense listed in this section, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Section 5(c), Article 42.12, . Code of Criminal procedure, is not considered convicted of the offense for which the person received deferred adjudication community supervision.

I acknowledge that if I am found to have been convicted of my other offense(S), that those offenses may also bar my employment, I understand that all information obtained by this agency regarding any criminal history will remain confidential. I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature of Applicant Date

For Agency Use Only: Criminal History ,Employee Misconduct Registry[EMR], and Nurse Aide Registry [NAR] checks completed

Criminal History Check completed online Other Conviction identified on Criminal History [Document reason for hire below]

NAR EMR checks done online @ <http://emr.dads.state.tx.us/DadsEMRWeb/>

Applicant Employable Applicant not Employable Other/Comments _____

Verified By

Date



Employee Acknowledgment

Confidentiality: VIGORCARE PEDIATRIC SERVICES maintains confidentiality of operations, activities, and business affairs of the Agency and the clients according to 1996, Health Information Portability and Accountability Act (HIPAA). Due to the nature of our work, each employee will gain, directly or indirectly, sensitive and confidential information on clients/patients and staff members. The health care professional safeguards the client's right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient information, etc. This information should be shared only with those persons who, due to their position, have a need to know. Sensitive or confidential information must never be used as the basis for social conversation or gossip. If an employee is in doubt as to whether or not certain information may be shared, she/he should consult with her/his supervisor.

Drug Testing Policy: VIGORCARE PEDIATRIC SERVICES conducts "on hire and random/for cause drug testing on its employees. VIGORCARE PEDIATRIC SERVICES maintains a drug free workplace policy with regard to the possession, use, distribution and sale of drugs or alcohol. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on Company paid time. Violation of the policy can result in disciplinary action, up to and including termination of employment. I acknowledge I have received a copy of the agency's policy on drug testing.

Harassment Policy: VIGORCARE PEDIATRIC SERVICES is committed to providing a work environment that is free from all forms of discrimination and unlawful harassment including sexual harassment. This policy applies to all employees including management personnel. Sexual harassment is any unwelcome sexual advances either explicit or implicit as a term or condition of employment. Improper behavior may be verbal, visual, or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially and without fear of retaliation to the employee. An employee should report the alleged incident immediately and confidentially to Human Resources.

Non Solicitation/Illegal Remuneration: VIGORCARE PEDIATRIC SERVICES does not reimburse or provide incentives to physicians, durable equipment providers, family or other referral entities for patient referrals for home health services. Employees may not solicit patients for the agency. Employees found in violation of this non-solicitation policy will be subject to discipline up to and including termination of employment.

Non-Discrimination: VIGORCARE PEDIATRIC SERVICES does not discriminate against, clients or volunteers based on age, race, color, religion, military status, gender preference, sex, marital status, national origin, disability, or source of payment.

Abuse, Neglect, and Exploitation: VIGORCARE PEDIATRIC SERVICES employees will report suspected abuse, neglect and/or exploitation to the Texas Department of Family and Protective Services, and the Department of Aging and Disability Services, and VIGORCARE PEDIATRIC SERVICES management. All employees suspected of abuse, neglect or exploitation will be suspended immediately, an investigation will be conducted, and if the investigation validates the claim, the employee will be terminated.

Workers' Compensation: VIGORCARE PEDIATRIC SERVICES does not subscribe to workers' compensation insurance program. An employee who incurs on the job injury that requires emergency medical treatment or is life threatening should proceed to the nearest emergency room.

Progressive Discipline Policy: VIGORCARE PEDIATRIC SERVICES utilizes a progressive discipline process in case of misconduct or unacceptable performance. This includes verbal warning, written warning and final warning. Disciplinary action may begin at an advanced stage of the process or may result in immediate termination based upon the nature and severity of the offense, employees past record and other circumstances.

I acknowledge that I have read, I understand, and I will comply with all applicable agency policies and guidelines.

Employee Signature

Date



Licensed Policy Manual

Page 1 of 1

Attendance & Tardiness Policy HR 22

To ensure adequate attendance from Agency Staff.

We at VIGORCARE PEDIATRIC SERVICES, hold each and every employee to a high standard, if an employee agrees to work a shift with a client, VigorCare expects you to show up to cover the shift/visit, and fulfill your obligation to the client. If an emergency occurs, and you cannot work please notify the office / on call staff, at least 4 hours before the shift / visit.

If you are ill and cannot work, please notify a recruiter immediately and you may be asked to present a note from your doctor visit. If you have a transportation problem that arises, notify a recruiter immediately and we may be able to provide transportation for you.

Continued or numerous absenteeism or tardiness could result in disciplinary action up to and including termination.

A No call or No show for a shift or visit that you have agreed to work will result in immediate termination of employment with VIGORCARE PEDIATRIC SERVICES.

1. Upon hire, staff will be given a copy of the Attendance and Tardiness Policy.
2. Staff will sign policy in acknowledgment and achieve expectation as stated.

I HAVE READ AND UNDERSTAND VIGORCARE PEDIATRIC SERVICES'S ATTENDANCE AND TARDINESS POLICY. I UNDERSATAND THAT IF I DO NOT NOTIFY THE OFFICE / ON CALL STAFF AND AM LATE OR ABSENT FOR A SCHEDULE SHIFT / VISIT THAT IT MAY RESULT IN IMMEDIATE TERMINATION WITH VIGORCARE PEDIATRIC SERVICES.

Signature: _____ Date: _____

Print Name: _____



Medical Folder

- **To be completed and/or reviewed annually**

___ Drug Screen*[done periodic from random selection of team members]

___ Hepatitis B Vaccination Form

___ TB Fact Form*

___ Annual TB Screening Form

___ PPD/ Chest X-Ray report [if applicable]

___ Background Check [For Office Use – attach copy to application]



**INFORMED CONSENT
FOR
HEPATITIS B VACCINE**

I have read the Hepatitis B Vaccine Information Sheets regarding hepatitis B and hepatitis B vaccine. I understand the benefits and risks of the vaccination. I understand that vaccination is not mandatory, but highly recommended.

I understand that I must have three (3) doses of the vaccine over the next six (6) months to confer immunity. I know that there is no absolute guarantee that I will become immune or that I will not have adverse reaction from the vaccine.

I request that the hepatitis B vaccine be given to me.

Employee Name: _____ DOB: _____

Employee Signature: _____ Date: _____

Witness: _____

	Date	*Site	Lot#	Given By
1st Dose	_____	_____	_____	_____
2nd Dose	_____	_____	_____	_____
3rd Dose	_____	_____	_____	_____

*Site: #1 = Left deltoid / #2 = Right deltoid

Dose #1:
Employee Signature: _____ Nurse Signature: _____

Dose #2:
Employee Signature: _____ Nurse Signature: _____

Dose #3:
Employee Signature: _____ Nurse Signature: _____



HEPATITIS B VACCINE

DECLINATION

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infections. I have been given the opportunity to be vaccinated with hepatitis B vaccination at this time. I understand that, by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name of Employee (printed): _____

Signature: _____ Date: _____



Tuberculin Skin Testing

What is it?

The **Mantoux tuberculin skin test** (TST) is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*. Reliable administration and reading of the TST requires standardization of procedures, training, supervision, and practice.

How is the TST Administered?

The TST is performed by injecting 0.1 ml of tuberculin purified protein derivative (PPD) into the inner surface of the forearm. The injection should be made with a tuberculin syringe, with the needle bevel facing upward. The TST is an intradermal injection. When placed correctly, the injection should produce a pale elevation of the skin (a wheal) 6 to 10 mm in diameter.

How is the TST Read?

The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test.

The reaction should be measured in millimeters of the induration (palpable, raised, hardened area or swelling). The reader should not measure erythema (redness). The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis).

How Are TST Reactions Interpreted?

Skin test interpretation depends on two factors:

- Measurement in millimeters of the induration
- Person's risk of being infected with TB and of progression to disease if infected

Classification of the Tuberculin Skin Test Reaction

<p>An induration of 5 or more millimeters is considered positive in</p> <ul style="list-style-type: none"> -HIV-infected persons -A recent contact of a person with TB disease -Persons with fibrotic changes on chest radiograph consistent with prior TB -Patients with organ transplants -Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-α antagonists) 	<p>An induration of 10 or more millimeters is considered positive in</p> <ul style="list-style-type: none"> -Recent immigrants (< 5 years) from high-prevalence countries -Injection drug users -Residents and employees of high-risk congregate settings -Mycobacteriology laboratory personnel -Persons with clinical conditions that place them at high risk -Children < 4 years of age - Infants, children, and adolescents exposed to adults in high-risk categories 	<p>An induration of 15 or more millimeters is considered positive in any person, including persons with no known risk factors for TB. However, targeted skin testing programs should only be conducted among high-risk groups.</p>
--	---	---

What Are False-Positive Reactions?

Some persons may react to the TST even though they are not infected with *M. tuberculosis*. The causes of these false-positive reactions may include, but are not limited to, the following:

- Infection with no tuberculosis mycobacteria
- Previous BCG vaccination
- Incorrect method of TST administration



- Incorrect interpretation of reaction
- Incorrect bottle of antigen used

What Are False-Negative Reactions?

Some persons may not react to the TST even though they are infected with M. tuberculosis. The reasons for these false-negative reactions may include, but are not limited to, the following:

- Cutaneous anergy (anergy is the inability to react to skin tests because of a weakened immune system)
- Recent TB infection (within 8-10 weeks of exposure)
- Very old TB infection (many years)
- Very young age (less than 6 months old)
- Recent live-virus vaccination (e.g., measles and smallpox)
- Overwhelming TB disease
- Some viral illnesses (e.g., measles and chicken pox)
- Incorrect method of TST administration
- Incorrect interpretation of reaction

Who Can Receive a TST?

Most persons can receive a TST. TST is contraindicated only for persons who have had a severe reaction (e.g., necrosis, blistering, anaphylactic shock, or ulcerations) to a previous TST. It is not contraindicated for any other persons, including infants, children, pregnant women, persons who are HIV-infected or persons who have been vaccinated with BCG.

How Often Can TSTs Be Repeated?

In general, there is no risk associated with repeated tuberculin skin test placements. If a person does not return within 48-72 hours for a tuberculin skin test reading, a second test can be placed as soon as possible. There is no contraindication to repeating the TST, unless a previous TST was associated with a severe reaction.

What is a Boosted Reaction?

In some persons who are infected with M. tuberculosis, the ability to react to tuberculin may wane over time. When given TST years after infection, these persons may have a false-negative reaction. However, the TST may stimulate the immune system, causing a positive or boosted reaction to subsequent tests. Giving a second TST after an initial negative TST reaction is called two-step testing.

Why is Two-Step Testing Conducted?

Two-step testing is useful for the initial skin testing of adults who are going to be retested periodically, such as health care workers or nursing home residents. This two-step approach can reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection.

Can TSTs Be Given To Persons Receiving Vaccinations?

Vaccination with live viruses may interfere with TST reactions. For persons scheduled to receive a TST, testing should be done as follows:

- Either on the same day as vaccination with live-virus vaccine or 4-6 weeks after the administration of the live-virus vaccine
- At least one month after smallpox vaccination

Acknowledgement

I have reviewed the signs and symptoms of the TB, I am not experiencing any symptoms of TB.

I understand that if I experience any of the symptoms, I am to report to my supervisor immediately.

Name/Signature

Date



ANNUAL TB SCREENING FORM*

Name: _____ Social Security Number: _____

Have you ever had tuberculosis? Yes ___ No ___

If yes, please explain, including date of positive test, circumstances and treatment involved.

Have you ever had the BCG vaccine? Yes ___ No ___

Year received _____

Have you ever had a positive TB skin test? Yes ___ No ___

Date of the positive test: _____

If you were treated please include the dates treated and type of treatment:

Do you currently have any of the following symptoms?

- Productive or persistent cough (over 2 weeks duration) Yes ___ No ___
- Night sweats Yes ___ No ___
- Fever Yes ___ No ___
- Weight loss Yes ___ No ___
- Loss of Appetite Yes ___ No ___

Unless you provide documentation of positive test, the PPD test must be repeated. This is mandated by the Texas Department of Public Health.

Signature: _____ Date: _____

* A current Annual TB Screening Form may be submitted.



I-9 Folder

- All copies of identification must be unexpired and be kept current

___ I-9 Form

___ List A*

OR

___ List B*

&

___ List C

___ Misc. _____



List of acceptable documents for Employment Eligibility Verification (Form I-9)

The federal government requires that you complete a form and present certain documents to verify your eligibility to work in the United States. Please bring one document from List A to verify your identity and employment eligibility **OR** bring one document from List B to establish your identity **AND** one from List C to establish your employment eligibility. If this form is not completed and the acceptable documents are not presented within your first three (3) days of employment, UnitedHealth Group is required by the Immigration and Naturalization Services (INS) to terminate your employment.

Complete your I-9 Employment Eligibility verification form in Self Service. You will need to log in to Employee Self Service (HRdirect> Self Service> Employee Self Service> New Hire Processes> complete and Submit I-9 form) to submit the I-9 form online.

By electronically signing the I-9 form, you acknowledge that you are aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. Under federal law, each new and rehired employee must provide verification information at the time employment begins.

Step 1: You must complete the Employee Information and Verification section of the online I-9 form within Self Service.

- Begin by verifying pre-populated fields (e.g., the spelling of your name, Social Security number, etc.)
- Within Self Service you should update incorrect information, such as your home address (which will automatically update in the I-9), or contact HR direct at 1-800-561-0861.
- Enter your maiden name, if applicable.

Step 2: Attest to citizenship and employment verification by selecting one of the available options. Enter Alien # or Admission#, if applicable.

Step 3: The I-9 approver defaults to your manager. If a different person will serve as an approver, click Change Approver. Click Accept, and then OK to confirm the online I-9 form submission. After submitting the form, take the I-9 verification documents (see next section) to the approver for verification.

All steps must be followed in order for the process to be complete.