



**Medical and Non-Medical Observers**  
**SELF-SCREENING HEALTH EVALUATION**

In a hospital setting there are several childhood and communicable diseases, which may pose a health risk to patients and/or staff members (eg. chicken pox, influenza, viral diarrhea, etc.). We would appreciate your answering these questions before your visit to the hospital.

**INSTRUCTIONS:**

**The content of this evaluation is strictly confidential. This questionnaire is for self-screening purposes only, and is to be completed and retained by the Observer.**

1. Complete prior to the date of your observership in the hospital.
2. Answer the questions listed below.
3. If you answer "yes" to any of the questions listed below, you will not be able to observe at the hospital as scheduled.

**DURING THE PAST MONTH, HAVE YOU BEEN EXPOSED TO ANYONE WHO HAS THE FOLLOWING DISEASES:**

	<b>YES</b>	<b>NO</b>
MEASLES (RED MEASLES)	( )	( )
MUMPS	( )	( )
CHICKEN POX	( )	( )
RUBELLA (GERMAN MEASLES)	( )	( )
WHOOPING COUGH	( )	( )

**IN THE PAST 48 HOURS, HAVE YOU EXPERIENCED:**

A COLD	( )	( )
A SORE THROAT	( )	( )
DIARRHEA	( )	( )
VOMITING	( )	( )
COLD SORE	( )	( )
FEVER	( )	( )
PINKEYE	( )	( )
A RASH	( )	( )
ITCHY SKIN	( )	( )

**If you answered 'Yes' to any of the above, you will not be able to observe at the hospital as scheduled. You must notify your Sponsor to make alternate arrangements for your observership.**