

**C-3 – FACILITY PERSONNEL HEALTH SCREENING REPORT**

All personnel of an alcoholism or drug abuse recovery or treatment facility must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a licensed medical professional not more than sixty (60) days prior to employment or within seven (7) days after employment.

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Number of Work Days a Week: \_\_\_\_\_ Number of Work Hours per Day: \_\_\_\_\_

<b>AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION</b>
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***I hereby authorize the release of medical information contained in this report.***

\_\_\_\_\_  
Signature of Employee\_\_\_\_\_  
Date

**Note to Physician:** Personnel working in alcoholism or drug abuse recovery or treatment facilities shall be in good general health, free from communicable disease, and occupationally capable of performing assigned tasks. Please complete the following information on the above named person.

*Evaluation of General Health:*

Based on a review of the employee's duty statement, are there any limitations on this individual's ability to perform the work described **and/or** are there any health conditions that would create a hazard to participants or other staff?

NO  YES – If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Medical Professional\_\_\_\_\_  
Title\_\_\_\_\_  
Date