North Seneca Ambulance – Employee Wellness Checklist

Employee:	Date & Time:

Page 1 of 2: Health Status
Please Answer "Yes" or "No". If "Yes," Give Details.

Do you currently have the following:			Details
Fever of 100.4 degrees F?	❒ Yes	❒ No	
Vomiting?	❒ Yes	❒ No	

ANY ONE OF THE ABOVE CONSISTUTES AUTOMATIC RELIEF FROM DUTY.

Do you currently have the following:			Details
Muscle aches and pains?	❒ Yes	❒ No	
Nonproductive cough?	❒ Yes	❒ No	
Sore throat?	❒ Yes	❒ No	
Runny nose?	❒ Yes	❒ No	
Nausea?	❒ Yes	❒ No	

ANY TWO OF THE ABOVE CONSISTUTES AUTOMATIC RELIEF FROM DUTY.

Do you currently have the following:			Details
Hives/eczema/rash?	❒ Yes	❒ No	
Numbness?	❒ Yes	❒ No	
Dizziness/Fainting?	❒ Yes	❒ No	
Headaches?	❒ Yes	❒ No	
Irritated Eyes?	❒ Yes	❒ No	
Sinusitis?	❒ Yes	❒ No	
Nose bleeds?	❒ Yes	❒ No	
Wheezing?	❒ Yes	❒ No	
Coughed up any blood?	❒ Yes	❒ No	
SOB w/out reason?	❒ Yes	❒ No	
Do you cough every day, especially in the morning?	❒ Yes	❒ No	
Pain or tightness of chest?	❒ Yes	❒ No	

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Page 2 of 2: Health Status Please Answer "Yes" or "No". If "Yes," Give Details.			
Do you currently have the following:			**Details**
Indigestion, pain, or unusual burning in stomach?	❒ Yes	❒ No	
Vomiting of blood?	❒ Yes	❒ No	
Bloody / tarry bowel movements	❒ Yes	❒ No	
Bladder or kidney infections	❒ Yes	❒ No	
Burning or discomfort on urination, or frequency	❒ Yes	❒ No	
Blood in urine?	❒ Yes	❒ No	
Any other symptoms which you have not been asked about?	❒ Yes	❒ No	

_____ _____

On Coming Medic Signature
Typed Name is considered the signature

Off Going Medic Signature
Typed Name is considered the signature