State of California — Health and Human Services Agency

Department of Health Care Services
Licensing and Certification Branch, MS 2600
PO Box 997413
Sacramento, CA 95899-7413

STAFF HEALTH QUESTIONNAIRE
(Outpatient Facilities Only)

All staff and volunteers whose functions require or necessitate contact with participants or food preparation shall complete a health questionnaire.

Name: _____

Job Title: _____

1. Do you have any serious health problems or illnesses that may be contagious to others around you?

   No ☐ Yes ☐ if yes, please give details: _____

2. Do you have limitations on your ability to perform the work described in your job description and/or duty statement?

   No ☐ Yes ☐ if yes, please give details: _____

3. Do you have any health conditions that would create a hazard to participants or other staff?

   No ☐ Yes ☐ if yes, please give details: _____

I declare that the above information is true and correct to the best of my knowledge:

_____ _____
EMPLOYEE SIGNATURE DATE

DHCS 5105 (07/13)