

Servicing Long Island
299 Hallock Ave
Port Jefferson Station, NY 11776

631-473-4284
631-331-3220
therapyli@nytps.com
www.nytps.com



Administration Offices & NYT Kids Pediatric Therapy Centers

Servicing all 5 Boroughs
500 Bi-County Blvd
Suite 450
Farmingdale, NY 11753

718-264-1640
718-484-0530
therapyNYC@nytps.com
www.nytps.com

A6.OEI ANNUAL HEALTH ASSESSMENT (Existing)

PATIENT NAME: _____ DOB: _____ DATE OF EXAM: _____

1. Are you addicted to depressants, stimulants, narcotics, alcohol or any other drug or substance that may alter behavior or impair the performance of your duties? Yes ____ No ____
2. Do you have any allergies? Yes ____ No ____
If yes, List allergies: _____

I certify to the best of my knowledge that I am free from any health impairment that may be of potential risk to the patient or may interfere with the performance of my duties, including habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances that may alter my behavior. I also certify that the information on this form is accurate.

Patient Signature

TO BE COMPLETED BY HEALTHCARE PROVIDER:

PPD

IGRA Blood test (QuantiFERON) Date collected:	Results:
*TST Test #1; Date Given:	Results, Date read:
*TST Test #2: Date Given	Results, Date read:
Chest X-Ray Date (if positive PPD):	Results, Date read:

*TST (Skin) tests: As per NYS, 2 TST/PPD test are required within 1 year to fulfill the compliance requirement

*Based on my examination and the information above, I find the above person fit to give adequate care to children at this time and is free from all communicable diseases.

Healthcare Providers Name (Print) _____ License #. _____
(Clinical Supervisor if NP or PA)

Address: _____

Provider's Signature: _____ Date: _____

**** New York State Department of Health requires each EI therapist to have an annual health assessment and TB Screening (on Page 2) ****

(Please complete this form with the help of your Health Care Provider)

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Name: _____ **Date:** _____

Preferred Contact Information: _____

1. Have you ever spent more than 30 days in a country with an elevated TB rate? This includes all countries except those in Western Europe, Northern Europe, Canada, Australia, and New Zealand.
A. YES, I have been in a foreign country for ≥ 30 days (**not including those listed above**)
B. NO, I have not been in any country for ≥ 30 days (**except the ones listed above**)
2. Have you had close contact with anyone who had active TB since your last TB test?
YES / NO
3. Do you currently have any of the following symptoms?
A. YES / NO Unexplained fever for more than 3 weeks
B. YES / NO Cough for more than 3 weeks with sputum production
C. YES / NO Bloody sputum
D. YES / NO Unintended weight loss > 10 pounds
E. YES / NO Drenching night sweats
F. YES / NO Unexplained fatigue for more than 3 weeks
4. Have you ever been diagnosed with active TB disease?
YES / NO
5. Have you ever been diagnosed with latent TB infection or had a positive skin test or a positive blood test for TB?
A. YES, one or more of these is true for me
B. NO none of these is true for me
6. Have you been treated with medication for TB or for a positive TB test (e.g., taken "INH")?
YES / NO
If YES, what year, with which medication, for how long, and did you complete the treatment course? _____
7. Do you have a weakened immune system for any reason including organ transplant, recent chemotherapy, poorly controlled diabetes, HIV infection, cancer, or treatment with steroids for more than 1 month, immune-suppressing medications such as a TNF-alpha antagonist or another immune-modulator? (If you are not sure, ask your Occupational Health provider)
A. YES, one or more of these is true for me
B. NO, none of these is true for me

Signature of Licensed Health Care Provider

Date

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T1.0 Annual TB Education Training and Acknowledgement for EI Providers

As per the updated NYS legislation EI agencies and individual providers are required to participate in annual in-service education on TB. The information should include information on the symptoms of active disease, treatment, and testing requirements. Agencies can incorporate annual TB education into in-service training or hold it separately.

The Centers for Disease Control and Prevention (CDC) provides pamphlets and training for Tuberculosis free of charge, meeting the annual education requirement for EI providers and agencies. Providers and agencies must attest to TB education by providing a signature and date of completion. TB Education can be found at the following links:

- Tuberculosis: Get the Facts! https://www.cdc.gov/tb/publications/pamphlets/getthefacts_eng.htm
- Questions & Answers About Tuberculosis <https://www.cdc.gov/tb/publications/faqs/default.htm>
- This pamphlet meets the annual education requirements up to page 15.
<https://www.cdc.gov/tb/publications/faqs/default.htm>
- Additional TB educational material can be found on the CDC webpage, Pamphlets, Brochures, Booklet
<https://www.cdc.gov/tb/publications/pamphlets/default.htm>
- Questions about TB should be directed to the New York State Department of Health Bureau of Tuberculosis Control at: tbcontrol@health.ny.gov.
- For questions regarding any of the information in this document, please contact the Bureau of Early Intervention at: beipub@health.ny.gov.
- For questions related to the Provider Agreement document, please contact the Provider Approval Unit at: provider@health.ny.gov.

I have read through the above links and understand the Tuberculous Education documents and FAQ sheet information attached.

Name (Print):

Date:

Signature: