



New Hire Assessment Form

Complete this form before you attend the New Hire Appointment at IU Indianapolis Campus Health. If you have any restrictions or limitations that might affect your ability to perform your job, you must bring documentation from your provider outlining your restrictions/limitations.

Name: _____ Date of Birth: _____
(Print Name: Last, First, Middle Initial) (MM/DD/YYYY)

Allergies:

Are you allergic to anything that might impact your ability to do your job? Yes No

Allergy	Reaction
_____	_____
_____	_____
_____	_____

Surgeries/Illness/Injuries:

Have you had a recent surgery, illness and/or injury that could affect your ability to perform your job or necessitates restrictions to perform the job? If Yes, list the surgery, illness and/or injury and the date it occurred below. Yes No

Date	Surgeries, Illnesses and/or Injuries
_____	_____
_____	_____
_____	_____

Restrictions due to a medical condition: Bring documentation regarding your restriction from your provider.

Restriction:	Details:
<input type="checkbox"/> Inability to perform certain motions	_____
<input type="checkbox"/> Inability to assume certain positions	_____
<input type="checkbox"/> Sensitivity to chemicals, dust, sunlight, etc.	_____
<input type="checkbox"/> Other: _____	_____

Will you have a potential of being exposed to blood and/or other potentially infectious material (Bodily fluids or tissue, other than blood, which may also contain bloodborne pathogens. Include semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.) with this job. Yes No

- I certify that the information I have provided is true to the best of my knowledge and I understand that falsification of any of the information I have provided may be cause for discharge.
- I understand that this assessment is not a comprehensive medical exam for diagnostic or treatment purposes. I understand that the purpose of this assessment is to identify whether a medical condition exists that may impact my ability to perform the essential functions of my position at IU Indianapolis. I agree that IU Indianapolis CH may provide non-confidential information regarding identified work restrictions and/or limitations to certain IU Indianapolis personnel to make recommendations related to my job position. I agree to undergo reasonable subsequent testing or evaluation if required to determine my ability to perform my position at IU Indianapolis.

Employee Signature Date