

Baptist Memorial Hospital – North Mississippi
New Employee Health File Info

Date 9/26/22

Name Emily Treppendahl Last 4 digits SS# 0994 DOB 8/5/85

Address 2100 Old Taylor Rd F224 Phone Number 504 615 5004

Dept. Anesthesia Position CRNA Shift _____

Employee Status: BMH-NS Contract Volunteer Student BMG MD Other

Needs MD Note YES / NO Reason: _____

Date MD Note received _____ Date Cleared from MD Note _____

UDS E- Screen received PASS / FAIL Date Received _____

Sent to Lab/MRO via FedEx

Color Vision Screening PASS / FAIL

* Fit Test size: small / regular / 8210 PAPR NA for this employee

Not tested due to _____

Flu shot accepted / Exempt (mask) / PTH / not flu season

Date Exemption Approved by Corp _____

COVID-19 accepted / Exempt (mask) / PTH /

Date Exemption Approved by Corp _____

Shot 1 Date _____ Shot 2 Date _____ Shot 3 Date _____

Varicella (Chicken Pox)

IMMUNE / NOT IMMUNE or 2 doses Varicella – dates _____ / _____

MMR – Measles (Rubeola), Mumps, & Rubella (has had _____ doses)

IMMUNE / NOT IMMUNE Measles (Rubeola) 2 doses MMR

IMMUNE / NOT IMMUNE Mumps or 1. _____

IMMUNE / NOT IMMUNE Rubella 2. _____

MMR given _____ 30 day titer due _____ Results _____

MMR given _____

Hepatitis B (has had _____ doses)

IMMUNE / NOT IMMUNE or

Shot 1 Date _____ Shot 2 Date _____ Shot 3 Date _____

* TB Testing

QFT date 9/26/22 Results: Negative / Positive Or

Reason: Previous positive Employee Health 9/28/22

Chest X-ray date _____ Or

TB Skin Test 1st Step placed _____ Read _____ Results _____

TB Skin Test 2nd Step placed _____ Read _____ Results _____ or PTH