



92 Brick Road
Marlton, NJ 08053

Main Phone (856) 489-4520 x240
eFax (856) 821-1097

Student Observer Health Examination and Immunization Record

Name: _____

Date of Birth _____

Vital Signs T _____ P _____ R _____ BP _____

HT _____ WT _____

Immunization Record –Please attach copy of the following immunization record or titers. **A Copy of a Covid-19 immunization card is the preferred documentation to be attached to this form.** Titers are only drawn if there is no record of immunizations. If Titers are required, the cost is the responsibility of the volunteer/students not the facility.

Rubella (German Measles) (2 dates)

History of the disease: (circle) Yes / No Date vaccine was administered: _____ / _____

Blood Titer Date: _____ Immune Non Immune Non Definitive (circle)

Rubeola (Measles) (2 dates) (exempt if born before 1957)

History of the disease: (circle) Yes / No Date vaccine was administered: _____ / _____

Blood Titer Date: _____ Immune Non Immune Non Definitive (circle)

Varicella (Chicken Pox) (2 dates) Physician documented history of the chicken pox- varicella titer is not required.

(circle) Yes / No Date vaccine was administered: _____ / _____

Blood Titer Date: _____ Immune Non Immune Non Definitive (circle)

Hepatitis B immunity not required.

History of the disease: (circle) Yes / No Date's vaccine was administered #1 _____ #2 _____ #3 _____

Blood Titer Date: _____ Immune Non Immune Non Definitive (circle)

Covid-19 Immunization if received

History of the disease: (circle) Yes / No If yes, what was the date of your COVID infection _____

Date/Manufacturer of COVID vaccine that was administered #1 _____ #2 _____ #3 _____ #4 _____

As per NJ State Regulations all volunteers are required to have a Tuberculosis Screening. Completed Quantiferon TB Gold test or two step PPD within the current year must be provided.

Date given: _____ Date read: _____ Results in MM: _____ Read by: _____

Date given: _____ Date read: _____ Results in MM: _____ Read by: _____

Student Observer qualifications: Must be in good physical and mental health; resources of patient care cannot be diverted to supervising volunteers. I have examined the above individual and reviewed the attached medical questionnaire completed by the patient. I have found this patient to be in good mental and physical health and in my opinion has no condition that would prevent this patient from performing the duties as a volunteer.

Physician /Healthcare Name

Phone #

Signature

Date

Volunteer/Student Signature

Date

office stamp



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Student Observer Medical Questionnaire

Name of Applicant _____

Do you have or have you ever had:

Details:

1. A back injury? _____
2. A herniated disc in your back? _____
3. Back surgery for removal of a disc? _____
4. A neck injury? _____
5. A herniated disc in your neck? _____
6. Neck surgery for the removal of a disc? _____
7. Knee injury? _____ Which knee? _____
8. Knee Surgery? _____ Which knee? _____
9. Shoulder injury? _____ Which shoulder? _____
10. Shoulder surgery? _____ Which shoulder? _____
11. Elbow injury? _____ Which elbow? _____
12. Elbow surgery? _____ Which elbow? _____
13. Wrist injury? _____ Which wrist? _____
14. Wrist surgery? _____ Which wrist? _____
15. A hernia? _____ Which side? _____ Surgery? _____
16. Arthritis or rheumatism? _____
17. Amputation of a digit or extremity? _____
18. Epilepsy? _____
19. Diabetes? _____
20. Cardiac disease/high blood pressure? _____
21. Respiratory Problems? _____
22. Tuberculosis? _____
23. Total loss of sight in one or both eyes or a partial loss of corrected vision of more than 75%
bilaterally? _____ Which eye? _____
24. Residual disability from poliomyelitis (polio)? _____

25. Cerebral Palsy? _____
26. Multiple Sclerosis? _____
27. Parkinson's Disease? _____
28. A vascular disorder? _____
29. Hospitalization for any mental disability for a period of six months or more? _____
-
30. Hemophilia? _____
31. Chronic osteomyelitis? _____
32. Surgical or spontaneous fusion of a major weight-bearing joint? _____
-
33. Muscular dystrophy? _____
34. Thrombophlebitis? _____
35. Total deafness? _____
36. Any permanent physical condition which constitutes a 20% impairment of a part of or of the body as a whole? _____
37. Head injury? _____
38. Allergy to products containing latex? _____
39. Other allergies or asthma? _____
40. A back injury or disease process of the back resulting in disability over a total of 120 days? _____
41. Any injury, operation, or any disability not covered in the above questions? _____
-
42. Is there any question you did not understand? _____
- Which question? _____

All statements and information given in this questionnaire are true, to the best of my knowledge and belief.

Volunteer/Student Name (PRINT) _____

Signature _____ **Date** _____

EMPLOYMENT BACKGROUND CHECK ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ClearStar, Inc. 6250 Shiloh Rd., Suite 300, Alpharetta, GA 30005, 1-877-275-7099, another outside organization acting on behalf of the Company, and/or the Company itself. The Privacy Policy can be reviewed at <http://www.clearstar.net/privacy-policy/>. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company.

New York applicants or employees only: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If an investigative consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Last Name: _____ First Name: _____ Middle: _____

Signature: _____ Date: _____

Maryland applicants or employees only: Consumer credit reports and/or credit history information may be requested for bona fide purposes that are substantially job-related. Such positions for which bona fide purposes exist that are substantially job-related are: managerial positions; positions that involve access to others' personal information (except for personal information customarily provided in a retail transactions); positions that involve fiduciary responsibility to the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts; positions that will be provided an expense account or a corporate credit card; and positions with access to trade-secret or other confidential business information.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

Massachusetts applicants or employees only: If an investigative consumer report is requested, you have the right, upon written request, to a copy of the report.

Minnesota applicants or employees only: You have the right in most circumstances to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after its receipt of your request or the report was requested by the Company, whichever date is later.

New Jersey applicants or employees only: You have the right to submit a request to the consumer reporting agency for a copy of any investigative consumer report the Company requested about you. A summary of your rights under the New Jersey Fair Credit Reporting Act is included.

Washington State applicants or employees only: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Employer please note: If a Minnesota or Oklahoma consumer checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), please fax this form to your ClearStar service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangements for ClearStar to do so on your behalf.

Consumer Information

Last Name: _____ First Name: _____ Middle: _____

Other Names/Alias: _____

*Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ *State of Driver's License: _____

Present Address: _____ Phone Number: _____

City/State/Zip: _____ Former Employer: _____

Position: _____ Dates of Employment: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.