



Annual Health Statement

InReach is a private, non-profit organization that provides support and housing to individuals with developmental disabilities. In order to meet the needs of the individuals we support, it is essential wot establish that staff is able to perform the essential functions of the job with or without accommodation and is free of infectious and communicable diseases. Please complete the following completely.

Name _____

SS# _____

Date of Birth _____

To the best of my knowledge (*please check*):

I am _____, am not _____ in general good health

I am _____, am not _____ free of communicable disease

I am _____, am not _____ free from infectious disease

I am _____, am not _____ free from any indication of active tuberculosis (*symptoms include unexplained productive cough, weight loss, appetite loss, increased fatigue or fever; night sweats, shortness of breath or chest pain*)

I am _____, am not _____ able to perform the essential functions of the job with or without accommodation. (*a description of accommodations must be attached to this form and requested immediately in writing to the Director of Human Resources and Development.*)

I attest that the information provided is true and accurate to the best of my knowledge. I am also aware that I am responsible for reporting any significant change in my health status that may interfere or endanger the individuals I support.

Signature

Date

Printed Name

Job Title