

**Resource Center for Independent Living (RCIL) & At Home Independent Care, Inc.  
Annual Self-Health Assessment Form**

*Please return the completed form to Human Resources within 7 business days of receipt.*

<b>First Name:</b>	<b>Last Name:</b>
<b>Telephone Number:</b>	<b>Email:</b>
<b>Mailing Address:</b>	

**Requirement:** A self-health assessment is required on an **annual basis**, one year from the date signed, every year that you are employed with RCIL/AHIC. There is no need to have a physical by a medical professional while completing this document. Please note, you are only required to complete this form and not a medical professional. However, depending on your current health status you might require medical clearance from a provider.

**Purpose:** To ensure both your safety and the consumer's safety while performing the essential functions of your job. It is critical that you inform RCIL of any changes in your health status that could endanger you or the consumer(s) you are working with.

**Please complete the following:**

**Date of last physical examination by medical professional?** \_\_\_\_\_ \*

*\* There is no need to have a physical with this assessment unless you require medical clearance.*

**Have there been any changes in your health since the date of your last physical or annual self -health assessment that would prohibit you from performing the essential functions of your job? Yes  No**

*If yes, list the active disease, or condition and describe your symptoms below. Please remember that the intent of the assessment is to offer accommodations that will ensure your safety as well as the safety of the consumers we serve.*

**Is there anything in your current Health status that puts you or the consumer at risk? Yes  No**

*If yes, please explain:* \_\_\_\_\_

**Are you addicted to or habitually uses depressants, stimulants, narcotics, alcohol, hallucinogenic or other drugs? Yes  No**

*If yes, please explain:* \_\_\_\_\_

To comply with New York State Department of Health Regulation 766 "an **annual**, or more frequent if necessary, health status assessment is required to assure that all personnel are free from any health impairment that is of potential risk to the patient, family or to employees or that may interfere with the performance of duties. The assessment shall be of sufficient scope that no person shall assume his/her duties unless he/she is free from a health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior."

**I hereby certify that the above statements are true and answered to the best of my knowledge and ability.  
I hereby certify that I am capable of performing my job duties.**

<b>Employee Signature:</b>	<b>Date:</b>
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**This form is valid for one year from the date signed above. Failure to submit this assessment annually will result in suspension from employment.**

<b>Please return this form to:</b> The Resource Center for Independent Living (RCIL) Attention: HR Medical PO Box 210; Utica, NY 13503-0210	Phone: 315-797-4642 Confidential Fax: 1(888) 959-4260 Email: <a href="mailto:hmedical@rcil.com">hmedical@rcil.com</a>
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**Must be reviewed by AHIC Staff RN within 30 days**

<b>RN Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>License:</b>