

**NYS Department of Health
PERSONNEL RECORD REVIEW FORM (Updated June 2017)**

AGENCY: _____

Date: _____

Surveyor: _____

Please Note: Documentation is acceptable as an original, fax or copy of original.

Employee Name		
Title/Discipline		
Date of Birth		
Date of Hire		
Personal ID verified (I 9 Form)		
Qualifications- verification of Certificate/License/Registration		
Application - Signed and Dated		
Verified Reference Check- previous employers if applicable (minimum 2)		
Performance Evaluation & Home Visit annually		
Orientation to Policy & Procedures, Specific Duties, Universal Precautions/HIV, Emergency Plan		
HIV Confidentiality (Annually)		
Universal Precautions (Annually)		
Emergency Response Plan (orientation & annually)		
In-service (HHA 12 Hours/PCA 6 Hours) annually		
Criminal History Background Check – (Aides employed after 4/05)		
Pre-Employment Physical by MD, PA or RN with special training in primary care - with Freedom of Habituation Statement- (within 12 months of date of hire)		
Annual Health Assessment		
Rubella - Titre/Immunization		
Measles - Titre/Immunization if born after 01/01/57		
Results of Tuberculin Skin Test or FDA Blood Assay (Pre-Employ & Annual)		
Influenza Vaccine (Annually)		