

HOSPICE PERSONNEL/VOLUNTEER RECORD REVIEW FORM (Updated Sept 2018)

HOSPICE: _____ **Date:** _____

SURVEYOR: _____

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

Employee/Volunteer		
Title/Discipline		
Date of Birth		
Date of Hire		
Personal ID (I 9 form)		
Qualifications- verification of Certificate/License/ Registration		
Application - Signed and Dated		
Verified Reference Checks- previous employers if applicable (minimum 2)		
Performance Evaluation & Home Visit annually		
Orientation to Policy & Procedures, Specific Duties/Universal Precautions/HIV Emergency Response Plan		
HIV Confidentiality (Annually)		
Universal Precautions (Annually)		
Emergency Response Plan (orientation and annually)		
In-service (HHA 12 Hours, AHHA 16 hours) annually		
Criminal History Record Check- Aides employed on or after 4/1/18		
Pre-employment physical by MD, PA or NP with Freedom of Habituation (within 12 months from 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 Status (Annually)		