|  |  |
| --- | --- |
| *New Hire/Rehire Name:*  | *Proposed Start Date:*  |
| *New Hire Phone Number:*  | *Position:*  |
| *Status (FT/PT/Per Diem/Contractor):*  | *Employee & Occupational Health (EH) Nurse:*  |
| *Rehire (Y/N):*  | *Manager & Department:*  |
| *Respiratory Fit Test Required (Y/N):*  | *Recruiter:*  |
|  |  |

***Please bring a copy of your COVID-19 and vaccination records to include flu shot***

***If you are experiencing ANY type of illness please contact your recruiter immediately to reschedule appointment.***

This calendar invite is for your mandatory Occupational Health Pre-Employment **Screening located at 10 High Street, 3rd Floor, Lewiston, Maine or 420 Franklin Street, 3nd flr, Rumford Hospital or 25 Hospital Drive, Corridor C, Bridgton, Maine.** You will need to complete the attached Pre-Employment documents and either email it to your Occupational Health Nurse or bring a copy of it with you to the appointment.

This screening will take approximately 60-75 minutes to complete and consist of the following items:

1.  Identification Verification - ***Please bring a photo ID in for this appointment***

   This will allow the EH Representative to confirm your identity

2.   Pre-Employment Medical Questionnaire Review and Physical Screening to include an eye exam.

This will be a brief exam to review the information packet (attached to this email) and to test for color blindness and vision, with/without any prescription lenses or contacts that you may need. Occupational Health will also draw lab for (TITERS, T-Spot) to complete our OSHA and TB screening processes, to review the function & services offered by EHS, to refer you for an ergonomic assessment if needed (to be determined at the time of that appointment) and to answer or refer any additional question you have.

***If you have a copy of your TITERS and T-Spot verifications you can email them to your*** Occupational Health Nurse (included in this email) which will expedite your screening process.    Please come to the appointment with the attached forms filled out.  When replying to this e-mail, please be sure to  address  your Occ Health Nurse.