

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

| | | |
|----------|---|----------------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A _____ |
| B | Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | B _____ |
| C | Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | C _____ |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D _____ |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E _____ |
| F | Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | F _____ |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child | G _____ |
| H | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ | H _____ |

For accuracy, complete all worksheets that apply. {

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

| | | |
|---|--|--|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074 2012 |
| 1 Your first name and middle initial | Last name | 2 Your social security number |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code | | |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 _____ |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ _____ |
| 7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____ | | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | Date ▶ |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | | 9 Office code (optional) |
| | | 10 Employer identification number (EIN) |

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

| | | | |
|----|--|----|----------|
| 1 | Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions | 1 | \$ _____ |
| 2 | Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ | 2 | \$ _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter "-0-" | 3 | \$ _____ |
| 4 | Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505) | 4 | \$ _____ |
| 5 | Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) | 5 | \$ _____ |
| 6 | Enter an estimate of your 2012 nonwage income (such as dividends or interest) | 6 | \$ _____ |
| 7 | Subtract line 6 from line 5. If zero or less, enter "-0-" | 7 | \$ _____ |
| 8 | Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction | 8 | _____ |
| 9 | Enter the number from the Personal Allowances Worksheet , line H, page 1 | 9 | _____ |
| 10 | Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 | 10 | _____ |

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

| | | | |
|--|---|---|----------|
| 1 | Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) | 1 | _____ |
| 2 | Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" | 2 | _____ |
| 3 | If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet | 3 | _____ |
| Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill. | | | |
| 4 | Enter the number from line 2 of this worksheet | 4 | _____ |
| 5 | Enter the number from line 1 of this worksheet | 5 | _____ |
| 6 | Subtract line 5 from line 4 | 6 | _____ |
| 7 | Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here | 7 | \$ _____ |
| 8 | Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed | 8 | \$ _____ |
| 9 | Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck | 9 | \$ _____ |

| Table 1 | | | | Table 2 | | | |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| Married Filing Jointly | | All Others | | Married Filing Jointly | | All Others | |
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$5,000 | 0 | \$0 - \$8,000 | 0 | \$0 - \$70,000 | \$570 | \$0 - \$35,000 | \$570 |
| 5,001 - 12,000 | 1 | 8,001 - 15,000 | 1 | 70,001 - 125,000 | 950 | 35,001 - 90,000 | 950 |
| 12,001 - 22,000 | 2 | 15,001 - 25,000 | 2 | 125,001 - 190,000 | 1,060 | 90,001 - 170,000 | 1,060 |
| 22,001 - 25,000 | 3 | 25,001 - 30,000 | 3 | 190,001 - 340,000 | 1,250 | 170,001 - 375,000 | 1,250 |
| 25,001 - 30,000 | 4 | 30,001 - 40,000 | 4 | 340,001 and over | 1,330 | 375,001 and over | 1,330 |
| 30,001 - 40,000 | 5 | 40,001 - 50,000 | 5 | | | | |
| 40,001 - 48,000 | 6 | 50,001 - 65,000 | 6 | | | | |
| 48,001 - 55,000 | 7 | 65,001 - 80,000 | 7 | | | | |
| 55,001 - 65,000 | 8 | 80,001 - 95,000 | 8 | | | | |
| 65,001 - 72,000 | 9 | 95,001 - 120,000 | 9 | | | | |
| 72,001 - 85,000 | 10 | 120,001 and over | 10 | | | | |
| 85,001 - 97,000 | 11 | | | | | | |
| 97,001 - 110,000 | 12 | | | | | | |
| 110,001 - 120,000 | 13 | | | | | | |
| 120,001 - 135,000 | 14 | | | | | | |
| 135,001 and over | 15 | | | | | | |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

THIS FORM MAY BE REPRODUCED.

Employee: Complete Form A-4 and file it with your employer. Otherwise, tax will be withheld without exemption.

Employer: Keep this certificate on file. If an employee is believed to have claimed more exemptions than that which they are legally entitled to claim, the Department should be notified. Any correspondence concerning this form should be sent to the AL Dept of Revenue, Withholding Tax Section, PO Box 327480, Montgomery, AL 36132-7480 or by fax to 334-242-0112. Please include contact information with your correspondence.

Penalties: Section 40-18-73, Code of Alabama 1975. Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A-4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Exempt Status: Military Spouses Residency Relief Act. This exemption applies to a spouse of a US Armed Service member who is present in Alabama in compliance with military orders and who maintains domicile in another state. Employee should provide their employer with valid military identification and a copy of a current leave and earnings statement or Form DD-2058. Complete line 6 on front of Form A-4 if you qualify for this exemption.

Exempt Status: No tax liability. An exemption from withholding may be claimed if you filed an Alabama income tax return in the prior year, had a zero tax liability on that return, and you anticipate a zero tax liability on your current year return. If you had any tax withheld in the prior year and did not receive a full refund of that amount, you will not qualify and should complete the front of Form A-4.

CHANGES IN EXEMPTIONS: You may file a new certificate at any time if the number of your exemptions INCREASE. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.
- (b) You no longer provide more than half of the support for someone you previously claimed a dependent exemption for.

DECREASES in exemption, such as the death of a spouse or dependent, will not require the filing of a new exemption certificate until the following year.

DEPENDENTS: To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

PLEASE CUT HERE



ALABAMA DEPARTMENT OF REVENUE
Employee's Withholding Exemption Certificate

| | | | |
|----------------------|---------------------|-------|----------|
| EMPLOYEE'S FULL NAME | CITY | STATE | ZIP CODE |
| HOME ADDRESS | SOCIAL SECURITY NO. | | |
| SIGNED | DATE | | |

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. See reverse side for penalty details.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A-4 and file it with your employer.
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption.
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption.
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications. \$
5. Additional amount, if any, you want deducted each pay period.
6. **Exempt Status:** If you meet the conditions set forth under the Military Spouses Residency Relief Act and will have no Alabama income tax liability, skip lines 1-5, write "EXEMPT" on line 6, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 for the documentation you must provide to your employer in order to qualify.
7. **Exempt Status:** If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim an exemption from Alabama withholding tax. Skip lines 1-6, write "EXEMPT" on line 7, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 to be sure you qualify.

LINE 8 BELOW TO BE COMPLETED BY YOUR EMPLOYER

| | | |
|---|---------------|-------------------|
| 8. TOTAL EXEMPTIONS (Example: Employee claims "M" on line 3 and 2 on line 4. Employer should use column headed M-2 in the Withholding Tax Tables and Instructions for Employers.) | EMPLOYER FEIN | EMPLOYER STATE ID |
| EMPLOYER NAME | | |

Baptist Health Direct Deposit Form

| | | |
|-------------------------------|---------------|------------|
| Employee Name (Please Print): | Employee ID#: | Date: |
| Facility Name: | Dept#: | Dept Name: |

Authorization Agreement

I hereby authorize Baptist Health and the financial institution(s) listed below to electronically deposit monies to the specific account number(s) I have listed below. I acknowledge that I am responsible for immediately notifying my manager and the Payroll Department in the event that any funds are deposited to my account(s) in error. I further acknowledge that I am personally responsible for the immediate repayment of any funds deposited to my account(s) in error. If monies, to which I am not entitled, are deposited to my account(s) in error, I hereby authorize Baptist Health to request and the financial institution(s) to return said funds to Baptist Health.

I understand this agreement will remain in effect until I provide written notification of any requested changes to the Baptist Health Human Resources Department. I further understand that I must allow Baptist Health and the financial institution(s) a reasonable opportunity to act upon my requested changes.

By signing below, I acknowledge that I have read and understand this authorization and agree to comply with the terms and conditions set forth herein.

Primary Account Information for NET PAY DEPOSIT ONLY

| | | |
|--------------------------------|--|------------------------------------|
| Name of Financial Institution: | | |
| Routing Number: | Enroll / Change <input type="checkbox"/> <input type="checkbox"/> | Cancel <input type="checkbox"/> |
| Account Number: | Credit Card / Checking / Savings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | % of Net Pay 100% |

Alternate Account Information for Direct Deposit (Optional)

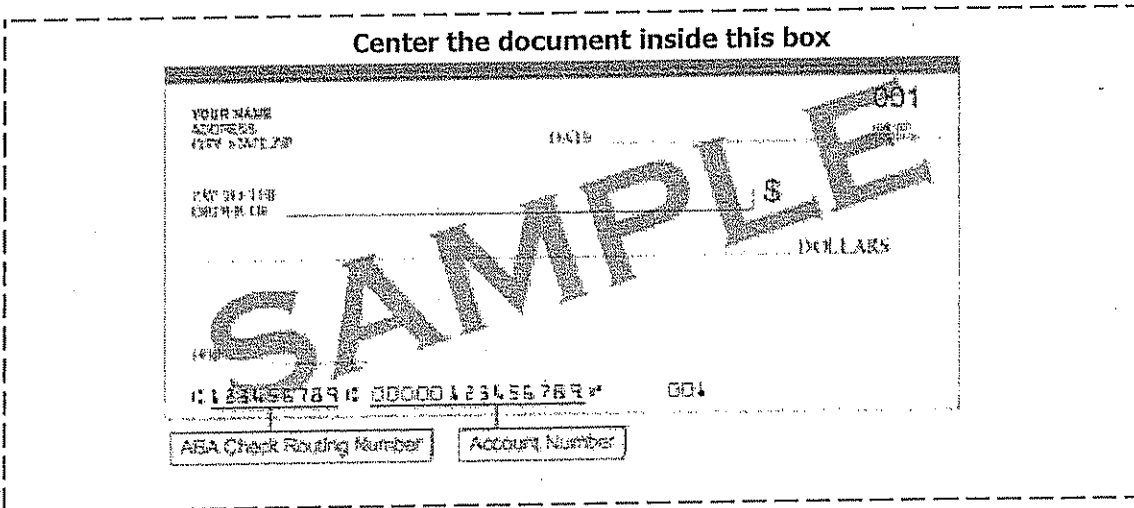
| | | |
|--------------------------------|--|------------------------------------|
| Name of Financial Institution: | | |
| Routing Number: | Enroll / Change <input type="checkbox"/> <input type="checkbox"/> | Cancel <input type="checkbox"/> |
| Account Number: | Credit Card / Checking / Savings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Fixed Amount \$ |

Signature

| | |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

You must attach a voided check or document from your financial institution that reflects your account number and Transit / ABA routing number for each direct deposit account Prior to submitting this form to the HR Department.

*** do not attach a deposit slip ***



For Use By Human Resources Only

| | |
|--------------------|------------------------|
| Entity: _____ | Employee Number: _____ |
| Verified By: _____ | Date: _____ |

BAPTIST HEALTH - PREPLACEMENT HEALTH SCREENING

NAME _____ DATE _____ SSN _____

ADDRESS _____ (city) _____ (state) _____ (zip) _____

PHONE() _____ BIRTH DATE _____ AGE _____ (circle one) M F

DEPARTMENT _____ POSITION _____ MARITAL STATUS: S M D W

SHIFT (circle) 7-3 3-11 11-7 other _____

PERSONAL PHYSICIAN / PROVIDER _____ PHONE () _____

IN CASE OF EMERGENCY CONTACT: _____ PHONE # _____ 2ND # _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

PERSONAL HEALTH HISTORY

When an injury is caused or aggravated by one of the physical conditions listed below, the employer may apply for reimbursement of cost.

Have you ever had, or do you have, any of the following? If YES, please indicate the year in which it occurred.

| | YES | NO | | YES | NO |
|--------------------------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|
| 1. Skin problems or chronic rash | <input type="radio"/> | <input type="radio"/> | 26. Shoulder / elbow/ hand pain | <input type="radio"/> | <input type="radio"/> |
| 2. Eye problems | <input type="radio"/> | <input type="radio"/> | 27. Carpal tunnel syndrome | <input type="radio"/> | <input type="radio"/> |
| 3. Wear glasses / contacts | <input type="radio"/> | <input type="radio"/> | 28. Tendonitis | <input type="radio"/> | <input type="radio"/> |
| 4. Hearing loss / ear trouble | <input type="radio"/> | <input type="radio"/> | 29. Numbness or tingling in arms or hands | <input type="radio"/> | <input type="radio"/> |
| 5. Frequent colds | <input type="radio"/> | <input type="radio"/> | 30. Dislocation of joints | <input type="radio"/> | <input type="radio"/> |
| 6. Allergies | <input type="radio"/> | <input type="radio"/> | 31. Broken bones | <input type="radio"/> | <input type="radio"/> |
| 7. Chronic cough | <input type="radio"/> | <input type="radio"/> | 32. Bone or joint problems | <input type="radio"/> | <input type="radio"/> |
| 8. Asthma | <input type="radio"/> | <input type="radio"/> | 33. Arthritis/ gout | <input type="radio"/> | <input type="radio"/> |
| 9. Lung problems | <input type="radio"/> | <input type="radio"/> | 34. Neck pain / injury | <input type="radio"/> | <input type="radio"/> |
| 10. Shortness of breath | <input type="radio"/> | <input type="radio"/> | 35. Back pain / injury | <input type="radio"/> | <input type="radio"/> |
| 11. Tuberculosis | <input type="radio"/> | <input type="radio"/> | 36. Sciatica or disc problem | <input type="radio"/> | <input type="radio"/> |
| 12. Heart trouble/attack | <input type="radio"/> | <input type="radio"/> | 37. Numbness or tingling in legs or feet | <input type="radio"/> | <input type="radio"/> |
| 13. Palpitations | <input type="radio"/> | <input type="radio"/> | 38. Knee injury | <input type="radio"/> | <input type="radio"/> |
| 14. High blood pressure | <input type="radio"/> | <input type="radio"/> | 39. Foot problems | <input type="radio"/> | <input type="radio"/> |
| 15. Stroke or paralysis | <input type="radio"/> | <input type="radio"/> | 40. Severe / unusual headaches | <input type="radio"/> | <input type="radio"/> |
| 16. Stomach/duodenal | <input type="radio"/> | <input type="radio"/> | 41. Dizziness or fainting spells | <input type="radio"/> | <input type="radio"/> |
| 17. Jaundice | <input type="radio"/> | <input type="radio"/> | 42. Epilepsy/ seizures | <input type="radio"/> | <input type="radio"/> |
| 18. Liver trouble/hepatitis | <input type="radio"/> | <input type="radio"/> | 43. Severe weakness or tiredness | <input type="radio"/> | <input type="radio"/> |
| 19. Recurrent or persistent diarrhea | <input type="radio"/> | <input type="radio"/> | 44. Depression or anxiety | <input type="radio"/> | <input type="radio"/> |
| 20. Weight problems / changes | <input type="radio"/> | <input type="radio"/> | 45. Emotional or nervous problems | <input type="radio"/> | <input type="radio"/> |
| 21. Thyroid trouble | <input type="radio"/> | <input type="radio"/> | 46. Bruising of unknown cause | <input type="radio"/> | <input type="radio"/> |
| 22. Diabetes | <input type="radio"/> | <input type="radio"/> | 47. Immune suppression | <input type="radio"/> | <input type="radio"/> |
| 23. Herpes simplex or zoster | <input type="radio"/> | <input type="radio"/> | 48. Blood disease | <input type="radio"/> | <input type="radio"/> |
| 24. Hernia/rupture | <input type="radio"/> | <input type="radio"/> | 49. Tumors/cancer | <input type="radio"/> | <input type="radio"/> |
| 25. Alcohol/drug problem | <input type="radio"/> | <input type="radio"/> | 50. Anemia | <input type="radio"/> | <input type="radio"/> |

51. Do you have any type of work restrictions (i.e., lifting, carrying, pushing, pulling)? Yes _____ No _____

Explain

- 52. Have you ever had a motor vehicle accident resulting in injury?..... Yes (see below) No
- 53. Have you ever had:
 - a. Needlesticks/blood or body fluid exposures?..... Yes (see below) No
 - b. Rash or symptoms related to glove use?..... Yes (see below) No
 - c. Pain, numbness, or tingling related to repeated hand/wrist motions or keyboard use?..... Yes (see below) No
- 54. Have you had any illness or injury since your last medical examination?.....Yes (see below) No
- 55. Have you ever been hospitalized or had an operation?.....Yes (see below) No
- 56. Have you ever had a reaction, allergy and/or sensitivity to drugs, food, plants, animals, latex, gloves or any other substance?..... Yes (see below) No

Please describe any yes answers from questions 52-56. Include the date.

57. Have you ever had a work related illness/injury? Yes No
Type _____ Year _____
Any remaining restriction? Yes No Explain: _____

58. **TB ASSESSMENT:** Have you ever had a TB Skin Test? Yes No
If yes, have you ever had any problem with TB Skin Test and/or been told not to take TB Skin Test? Yes No
Have you ever had a positive TB Skin Test? Yes No Have you ever had BCG Vaccine: Yes No

Have you ever taken TB Medicines? Yes No If so what year? _____

Check any symptoms that apply:

- | | |
|---|---|
| <input type="checkbox"/> Chronic cough > 2 weeks | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Coughed up blood | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Unplanned weight loss | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Productive cough | <input type="checkbox"/> Hoarseness |
| Color: _____ | <input type="checkbox"/> Fever > 2 weeks duration |
| Consistency: _____ | |
| Blood in sputum: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

59. Have you ever had any of the following?
 TB Chicken pox / Shingles Measles Rubella

60. Check all of the vaccines you have received:
 Measles Mumps Varicella (Chickenpox) Rubella Tetanus / Diphtheria Hepatitis B
Tetanus Diphtheria Acellular Pertussis (Tdap) : Yes No: If yes, Date: _____
Comment: _____

61. Check any of the following around which you have worked with or been exposed to:
 Cancer Drugs Radiation Hazardous chemical/waste
If any checked above, please specify where and when _____

62. Color Blind Screening completed: Yes No NA

63. Height: _____ Weight: _____

64. **FOR WOMEN ONLY:** Obstetrical or GYN disorders _____

65. **FOR WOMEN ONLY:** Are you pregnant? No Yes Due Date: _____

I hereby certify that the information contained in this health questionnaire for employment is true and correct. MISREPRESENTATIONS AS TO PREEXISTING PHYSICAL OR MENTAL CONDITIONS MAY VOID YOUR WORKERS COMPENSATION BENEFITS.

Employee Signature: _____ Date _____

Employee Health Nurse / Designee Signature: _____ REVISED January 3, 2012

LIST OF ACCEPTABLE DOCUMENTS

FOR THE FORM I-9, Employment Eligibility Verification

***Please bring your selected documents to the Pre-Employment Appointment. The I-9 form will be supplied by the recruiter at the time of appointment.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

| | OR | | |
|---|---------------------------------------|--|---|
| 1. U.S. Passport or U.S. Passport Card | | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address. | |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | |
| 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form | | 5. U.S. Military card or draft record | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| | | 6. Military dependent's ID card | |
| | | 7. U.S. Coast Guard Merchant Mariner Card | 5. Native American tribal document |
| | | 8. Native American tribal document | 6. U.S. Citizen ID Card (Form I-197) |
| | | 9. Driver's license issued by a Canadian government authority | |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | For persons under age 18 who are unable to present a document listed above: | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 10. School record or report card | 8. Employment authorization document issued by the Department of Homeland Security |
| | | 11. Clinic, doctor, or hospital record | |
| | 12. Day-care or nursery school record | | |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)