



New Hire Onboarding Questionnaire

Name: _____ DOB: _____ Department: _____

MIIS Consent:

1. I give authorization for Occupational Health to check the Massachusetts Immunization Information System (MIIS) to check for any missing immunization(s) that I have not been able to provide documentation for. YES NO

Accommodations: *These questions allow us to identify if there is anything you require to be successful in performing your job.*

1. Do you have any need for work restrictions?..... YES NO
2. Do you have a need for accommodations to assist in doing your job?..... YES NO
3. Do you have a need for assistive devices to assist you in doing your job?..... YES NO

If yes, to any of the above, Occupational Health will send you a form to begin the accommodation request process

Varicella (Chicken Pox) History:

1. Have you ever had chicken pox?..... YES NO
2. Have you ever had shingles?..... YES NO

TB Risk assessment:

The answers to these questions will not affect your employment. They help us identify which type of testing may be required.

1. Were you born or have you lived even temporarily (1 month or longer) in another country?YES NO

If yes, list country(ies): _____

2. Are you immunosuppressed by illness or medications?..... YES NO
3. Have you been in close contact with someone with TB?..... YES NO
4. Have you ever tested Positive for TB?..... YES NO

If yes, please provide medical report/chest x-ray.

5. Did you ever take medications to prevent having active TB?..... YES NO

TB symptom review:

During the past year:

1. Do you have a cough that has lasted longer than three weeks? YES NO
2. Have you spit up or coughed up blood?..... YES NO
3. Have you had an ongoing fever with no reason?..... YES NO
4. Have you lost 20 pounds or more without trying?..... YES NO
5. Do you have night sweats where you wake up soaked in sweat?..... YES NO

Research Assessment:

These questions help us to identify if there are additional clearances that are required for your role.

1. Will you be working in a research environment? YES NO If NO, skip to next section

2. Will you be working with animals, blood/tissue or other chemicals?..... YES NO

If yes, list type(s): _____

Drivers Assessment: *These questions help us to identify if you are a driver that requires additional clearances for your role.*

1. Will you be driving an MGB vehicle as part of your job? YES NO If unsure, check NO

Smoking: *Your decision will not affect your employment.*

If you are a current smoker, Mass General Brigham is committed to helping our employees stay healthy and become smoke free. The Partners in Helping You Quit (PiHQ) Tobacco Treatment Program offers support to help you or your adult dependents with your smoking or vaping, whether you want to quit or cut back. The service is free and is phone or email based. The program can help you use your Mass General Health Insurance to get free tobacco cessation medication. Please note that this is not a service that is provided by Occupational Health.

The program is completely confidential. To learn more please visit: <https://redcap.partners.org/redcap/surveys/?s=HNK8DEC8HR>