

## John Umstead Hospital Required Compliance

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Recruiter Name: \_\_\_\_\_ Date: \_\_\_\_\_

Compliance	Yes	No	Notes
Copy of Application			
NC License			
Drug Screen within 30 Days			
Criminal Background Check within 30 Days			
Current Physical within 365 Days			
TB Test within 30 Days (Updated Annually)			
Hepatitis B or Waiver			
Mumps			
Measles			
Rubella			
Varicella			
Diphtheria-Tetanus			
Polio			
AED Certification			
CPR - American Heart Association - Healthcare Provider Card			
Child/Infant CPR - American Heart Association - Healthcare Provider Card			