

For new employees and patient care trainees

The aim of this questionnaire is to identify any significant current infections, carrying of pathogens, and resistance to communicable diseases of employees/students in accordance with the Communicable Diseases Act (1227/2016).

All persons starting work in patient care and customer work as well as patient care trainees, including short-term temps, in the Wellbeing services county of South Karelia must complete this questionnaire before their first employment period. If the new employee does not wish to reply to any of the questions below, s/he will be directed to student or occupational health care services.

In addition to answering the questionnaire below, new employees/students must familiarise themselves with staff hygiene practices.

**1. CONDITION OF THE HANDS** Healthy skin of the hands is the best protection against infections.

	NO	YES
I know that rings, long nails, nailpolish, artificial and gel nails, bracelets, wrist watches, and activity bands etc. are forbidden in patient work.	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a rash, skin problems, or broken skin on your hands?	<input type="checkbox"/>	<input type="checkbox"/> *
Do you have a tendency to develop abscesses / recurring abscesses?	<input type="checkbox"/>	<input type="checkbox"/> *

**2. TUBERCULOSIS**

	NO	YES
Have you ever been exposed to infectious pulmonary tuberculosis (e.g. has someone living in the same household been diagnosed with pulmonary tuberculosis)?	<input type="checkbox"/>	<input type="checkbox"/> *
Have you ever cared for tuberculosis patients without the appropriate protection?	<input type="checkbox"/>	<input type="checkbox"/> *
Were you born in a country where the prevalence of tuberculosis is very high compared to Finland (>150/100,000/year)? A list of such countries can be found on the <a href="#">WHO website</a> NB! If your work tasks include the care of newborns, a lower prevalence limit (>50/100,000) is applied to the country of birth and the country of working.	<input type="checkbox"/>	<input type="checkbox"/> *
Have you stayed for 12 months or more in the country concerned?	<input type="checkbox"/>	<input type="checkbox"/> *
Have you worked for 3 months or more in health care services in the country concerned?	<input type="checkbox"/>	<input type="checkbox"/> *

**3. SALMONELLA** Applies to persons working in food services. If you do not work in food services but have symptoms, please contact your occupational or student healthcare services.

	NO	YES
Have you had diarrhoea in the past four weeks that started during or after a trip outside Finland?	<input type="checkbox"/>	<input type="checkbox"/> *

**4. VALIDITY OF VACCINATIONS** Employees/students starting their trainee period must check the status of their vaccinations and take or renew any necessary vaccinations where required before their employment/trainee period starts. If you still lack any of the necessary vaccinations, please contact your occupational or student health care services. If you are not sure whether you have received all the necessary vaccinations and that they are still valid, please contact your occupational or student health care services as soon as possible.

	NO	YES
Have you been vaccinated against diphtheria and tetanus (the dT vaccine) in the past 20 years? (Previously 10 years.)	<input type="checkbox"/>	<input type="checkbox"/>
Have you had chicken pox or been vaccinated against it (a series of two vaccinations)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had measles or been vaccinated against it (a total of two measles or MPR vaccines)?	<input type="checkbox"/>	<input type="checkbox"/>
If you care for pregnant women, have you had German measles or been vaccinated against it (two MPR vaccines)?	<input type="checkbox"/>	<input type="checkbox"/>

If you care for children under 12 months of age, have you been vaccinated against diphtheria, whooping cough, and tetanus (the DTaP vaccine) within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
If your work involves the risk of exposure to blood or bodily fluids, have you been vaccinated against hepatitis B (Engerix, HBVAXPRO, or Twinrix) three times?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a seasonal influenza vaccine? If yes, please specify the year _____	<input type="checkbox"/>	<input type="checkbox"/>
For patient safety, health care personnel must be vaccinated against seasonal influenza every autumn. Is there a health-related reason why you have not been vaccinated against seasonal influenza?	<input type="checkbox"/>	<input type="checkbox"/>

### 5. ANTIBIOTIC RESISTANT BACTERIA

	NO	YES
Have you been diagnosed with multidrug resistant bacteria (e.g. MRSA, CPE, or VRE)? If yes, please contact Eksote's Infectious Diseases and Hospital Hygiene unit.	<input type="checkbox"/>	<input type="checkbox"/>

Details concerning the new employee/trainee:

Name \_\_\_\_\_

Personal identity code \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Professional title / work description \_\_\_\_\_

<input type="checkbox"/> Employee
<input type="checkbox"/> Student
<input type="checkbox"/> Civilian service person
<input type="checkbox"/> Other, please specify:

Unit where the person will work/train \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

date \_\_\_\_\_ Signature and name in block letters of the employee/student \_\_\_\_\_

**If you have ticked a box marked with a \*, contact your occupational or student healthcare services immediately and submit the form by post to a healthcare professional (occupational or student healthcare services).**

Return the form to the **occupational health care services BEFORE STARTING WORK**. Print two copies of the completed form. Send one copy to **the occupational healthcare services** and keep the other copy for yourself. If you are **a student**, print only one copy and **keep it for yourself**. The student healthcare services are responsible for ensuring, in advance, the validity of vaccinations and the infection safety of students who will start working / training in healthcare services.

Contact your occupational health care / student healthcare services without delay if the above information changes.

Please do not return the form to the supervisor responsible for recruitment.

Additional information: Wellbeing services  
county of South Karelia's  
Occupational Healthcare

Tel. +358 30 6000  
Terveystalo Oy  
Brahenkatu 5, FI-53100 Lappeenranta

Student Healthcare

Tel. +358 40 139 0320, service secretary  
Kasarmikatu 9, FI-53900 Lappeenranta