

BEHAVIORAL HEALTH NETWORK, INC.



ADMINISTRATIVE SERVICES
417 Liberty Street, Springfield, MA 01104
Tel. 413-747-0705 Fax. 413-732-7075

INFORMATION ABOUT COMMUNICABLE DISEASE
FOR PROSPECTIVE EMPLOYEES

1. B.H.N. is committed to safeguarding the health and safety of clients and employees. Therefore, we will ask you, on your first day of employment, to provide a statement that you have no communicable diseases that can be *transmitted by normal contact* with clients.
2. After you begin employment at B.H.N., if you are exposed to a disease that can be transmitted through normal contact with other employees or clients, we may ask for a statement from your physician stating that you are free from *communicable disease that can be transmitted by normal contact with clients or staff*.

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*To be completed only upon employment; please sign #1 **OR** #2 below:*

STATEMENT ABOUT COMMUNICABLE DISEASE

1. To my knowledge, I do not have any communicable disease (excluding the common cold) that can be transmitted by normal contact with clients or staff.

Print Name

Date

Signature

2. I choose not to sign the above, but I will provide a doctor's statement regarding my health status within (30) days of employment. I understand that my failure to do so may result in the termination of my employment.

Print Name

Date

Signature