

**Communicable Disease and Safety Orientation Checklist
for
New Employees, Students, and Volunteers (Public Health)**

Name of Employee _____ Is this a student/volunteer? _____
Beginning Date of Service _____
Name of Supervisor _____ Division/Program _____
Work Category (A,B,C,D list) _____

I. Immunity requirements in work categories completed. ____ Yes ____ No
Medical documentation is available.

II. (To be signed by the employee, student, or volunteer and their supervisor **when service begins.**)

I have received orientation about the safety/health hazards I may encounter while performing my work responsibilities. If I have questions or concerns about these hazards, I understand that I can discuss them with my supervisor.

Signature of Employee (Student/Volunteer) _____

Signature of Supervisor _____

Date _____

**Please return to:
Lisa Davis, Human Resources
Department of Public Health
1203 Maple St.
Greensboro, NC 27405**