



**ROYAL TREATMENT**  
**HEALTH CARE SERVICES, INC.**  
*Quality and Prestige with Compassion*

19110 Montgomery Village Avenue  
Suite 303  
Montgomery Village, MD 20886

Phone: (301) 975-9457  
Fax: (240) 260-0870  
Email: [admin@royaltreatmenthealthcare.com](mailto:admin@royaltreatmenthealthcare.com)

Dear Applicant,

First and foremost, thank you for your interest in joining our home health care team at Royal Treatment Health Care Services, Inc.! RTHCS, Inc. selects qualified staff members without regard to gender, race, age, creed, handicap or national origin. No individual will be considered for employment without first submitting a completed Application for Employment. Please note, RTHCS, Inc. assigns jobs on a case-by-case basis per request of third party vendors this agency works with. There may be times when no assignment opportunities exist. In this case, RTHCS, Inc. reserves the right not to accept the applications until position vacancies and/or an influx in assignments occur. Although, RTHCS, Inc. does encourage the you to return at another time to complete the application process.

Enclosed you will find an Application Packet Checklist. This provides you a visual as to what RTHCS, Inc. needs in order for your application to be complete. It is very important that you complete/submit all documentation in order to process your application as quickly as possible. If you are hired, this ensures your file will be complete, allowing this agency to provide you with assignments as soon as possible!

If you have any questions or are ready to schedule an appointment to complete your application, feel free to give the office a call at (301) 975-9457. We look forward to hearing from you soon!

Sincerely,

*Royal Treatment Health Care Services, Inc. Management*

# APPLICATION PACKET CHECKLIST

Name: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

This packet includes information and forms applicable to individuals applying for employment.

**Please review the list thoroughly and "check off" each item as it is completed and/or provided.**

To ensure your application process is complete, please submit this completed form to the office.

## **PART 1**

	Check when Completed	Date Submitted to RTHCS, Inc.
Application for Employment and Resume	<input type="checkbox"/>	_____
Employment Eligibility Verification (Form I-9, pg. 7)	<input type="checkbox"/>	_____
Verification of Previous Employment form (x3) <i>**Reference Name, Company, and Reference Contact Number must be written**</i>	<input type="checkbox"/>	_____
Copy of Passport / Identification Card / Driver's License	<input type="checkbox"/>	_____
Copy of Permanent Resident Card (if applicable)	<input type="checkbox"/>	_____
Copy of Social Security Card	<input type="checkbox"/>	_____
Copy of current professional license (i.e. RN, CNA, Med Tech, etc.)	<input type="checkbox"/>	_____
Copy of all DDA training certifications (if applicable)	<input type="checkbox"/>	_____
Copy of current CPR / First Aide	<input type="checkbox"/>	_____
Criminal Background Check Consent form – signed	<input type="checkbox"/>	_____
CJIS Background Check & Fingerprinting (this will come directly to office)	<input type="checkbox"/>	_____
Confidentiality of Information Agreement form - signed	<input type="checkbox"/>	_____
Copy of PPD or Chest X-ray Results (if have positive PPD)	<input type="checkbox"/>	_____
Copy of Hepatitis B Vaccination or HBV titer test results	<input type="checkbox"/>	_____
HBV Vaccine / Waiver Form – signed (only if you have not received Hep B vaccine/ HBV titer)	<input type="checkbox"/>	_____
Annual Tuberculosis Questionnaire form – completed & signed (if applicable)	<input type="checkbox"/>	_____
Copy current flu shot record	<input type="checkbox"/>	_____
Prohibition of Transporting Patients form – signed	<input type="checkbox"/>	_____
Timesheet and Payment Policy form – signed	<input type="checkbox"/>	_____

The following forms are not included in this packet. Please call the office at (301) 975-9457 to set an appointment to complete these forms with a RTHCS, Inc. Administration representative.

**Remember to bring the above forms & documentation if you have not already submitted it to the office.**

*Appointment can only be scheduled once Part I is complete.*

Interview Tool

Written Knowledge Competency Test

Job Description

Skills Competency Evaluation form



# ROYAL TREATMENT

## HEALTH CARE SERVICES, INC.

*Quality and Prestige with Compassion*

19110 Montgomery Village Avenue  
Suite 303  
Montgomery Village, MD 20886

Phone: (301) 975-9457  
Fax: (240) 260-0870  
Email: admin@royaltreatmenthealthcare.com

## APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, Royal Treatment Health Care Services, Inc.'s policy and federal law prohibit discrimination because of race, religion, age, sex, marital status, disability, or national origin.

Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

SSN: - -

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt #)

Contact Number

(Home)

(Cell)

(City) (State) (Zip Code)

What company provides your  
cell phone service? \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No If not a U.S. citizen, provide alien registration #: \_\_\_\_\_

**Emergency Contact** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### POSITION DESIRED

Position applying for: \_\_\_\_\_ Pay desired: \_\_\_\_\_

What other type of work are you qualified to do? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Name & Location of School	Area of Study	Years Attended	Did you graduate?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Business, or Correspondence			<input type="checkbox"/> Yes <input type="checkbox"/> No



## APPLICATION FOR EMPLOYMENT

### MILITARY BACKGROUND

Have you ever served in the U.S. military service? ☐ Yes ☐ No From: \_\_\_\_\_ to \_\_\_\_\_

If yes, indicate the branch of service \_\_\_\_\_ Rank: \_\_\_\_\_

List service duties that apply to civilian jobs \_\_\_\_\_

### WORK HISTORY

List all full, part-time, temporary, or self-employment. Begin with the most recent employer.

Company Name & Address	Name & Telephone of Supervisor	Dates Employed	Your Position & Duties	Reason for Leaving

Please attach your resume as well as any more past employments to the end of this application.

### PROFESSIONAL REFERENCE

Please list the contact information of three individuals, not related to you and have known for at least one year, for your reference.

Name	Contact Information	How do you know this person?

*My signature below confirms that all the information provided on this employment application is accurate and complete. I understand that my employment will be contingent upon the accuracy, completeness, and acceptability of the information furnished. Permission is therefore granted to Royal Treatment Health Care Services, Inc. to verify all statements in this application for employment.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ROYAL TREATMENT HEALTH CARE SERVICES, INC.

# VERIFICATION OF PREVIOUS EMPLOYMENT

*Royal Treatment Health Care Services, Inc. has my authorization to contact all past employers and other individuals, agencies, or entities concerning the information I have supplies and waive, release, and hold harmless such individuals, agencies, or entities from any claims arising from the information they may supply Royal Treatment Health Care Services, Inc.*

Print Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please write in the "Reference Name", "Company/Organization", and "Reference Contact Number / Fax" below.  
Please provide three (3) references using a separate sheet of paper for each individual.*

The above applicant is seeking employment with our company. It is our policy to ask for references/ verify previous employment. We would greatly appreciate your assistance.

Date of Verification: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Reference Contact Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job title/ nature of applicant's job: \_\_\_\_\_

Reason for Separation: ☐ Still employed ☐ Voluntary  
☐ Involuntary (explain) \_\_\_\_\_

### EVALUATION:

	Excellent	Very Good	Good	Fair	Poor	N/A
Responds to Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance / Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Under Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to assume responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If given the opportunity, would you re-employ this individual? ☐ Yes ☐ No

Any additional comments? \_\_\_\_\_

\* (If mailed/faxed) Reference Signature: \_\_\_\_\_

(For Office Use Only)

INFORMATION RECEIVED BY: ☐ Phone ☐ Mail ☐ Fax

PREVIOUS EMPLOYMENT VERIFIED BY:

\_\_\_\_\_  
RTHCS, Inc. Representative Signature

\_\_\_\_\_  
Date



---

## CRIMINAL BACKGROUND CHECK CONSENT FORM

---

Date: \_\_\_\_\_

I, \_\_\_\_\_, have had no prior convictions of an offense described in the Health and Safety Code, which would bar or potentially bar employment as listed below:

**CRIMINAL HOMICIDE**

**KIDNAPPING & FALSE IMPRISONMENT**

**INDECENCY WITH A CHILD**

**AGREEMENT TO ABDUCT FROM CUSTODY**

**SOLICITATION OF A CHILD**

**SALE OR PURCHASE OF A CHILD**

**ARSON**

**ASSAULTIVE OFFENSES**

**AGGRAVATED ROBBERY**

**THEFT**

**BURGLARY & CRIMINAL TRESPASS**

**FRAUD**

**WEAPONS**

**INDECENT EXPOSURE**

**PUBLIC LEWDNESS**

**PUBLIC INDECENCY**

**A FELONY VIOLATION OF A  
STATUTE INTENDED TO CONTROL  
THE POSSESSION OR DISTRIBUTION OF A  
SUBSTANCE (MARYLAND CONTROLLED  
SUBSTANCE ACT**

*I understand that Royal Treatment Health Care Services, Inc. (RTHCS, Inc.) may obtain a "consumer report" about you from a consumer reporting agency for employment purposes. A "consumer" report is a background screening report that may contain information regarding your criminal history, driving history, and/or other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.*

*By signing below, I also authorize RTHCS, Inc. to obtain "consumer reports" about me at any time during the hiring process and throughout my employment, if applicable.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Royal Treatment Administration



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:	ft.	inches	Weight:	lbs.	Eye Color:
Race: <input type="checkbox"/> Black		<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Native American
					<input type="checkbox"/> Other <i>(Please check)</i>
Place of Birth:				Citizenship:	
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 0500071025	
ORI # (if required):	Reason fingerprinted?
Position Applied for:	
<b>Request Type:</b> <i>(Choose one ONLY)</i> <input checked="" type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:
Address:
City, State, Zip code:

## Commercial Fingerprinting Services (Private Providers)

PRIVATE PROVIDERS	ADDRESS	PHONE
<a href="#"><u>3M Cogent Fingerprinting Services</u></a> c/o Bay Shore Services, Inc.	1235 Pemberton Dr. Salisbury, MD 21801	410.341.0307 x106
<a href="#"><u>3M Cogent Fingerprinting Services</u></a> Main-One (M-1) Solutions, Inc	4300 Forbes Blvd. Suite 220 Lanham, MD 20706	301.702.7200
3M Cogent Fingerprinting Services c/o Fairmount Heights Police Department	6100 Jost Street Fairmount Heights, MD 20743	301.883.9472
<a href="#"><u>3M Cogent Fingerprinting Services</u></a> c/o Xecutive Security Investigations Group	821 E. Baltimore St. Baltimore, MD 21202	410.605.0947
<a href="#"><u>911 Security &amp; Investigations, LLC</u></a>	8115 Fenton Street Suite 303 Silver Spring, MD 20910	301.755.6138
<a href="#"><u>Absolute Investigative Service</u></a>	604 E. Joppa Road Towson, MD 21286	410.828.6460
<a href="#"><u>Absolute Investigative Services, Inc.</u></a>	139 N. Main Street #103 Bel Air, Maryland 21014	410.420.6923
<a href="#"><u>Allied Barton Security Services</u></a>	36 South Charles Street Suite 2204 Baltimore, MD 21201	443.725.9398
<a href="#"><u>All American Protective Services, LLC</u></a>	6701 Democracy Blvd. Suite 110 Bethesda, MD 20817	301.571.9479
<a href="#"><u>All American Protective Services, LLC</u></a>	12501 Prosperity Drive Suite 200 Silver Spring, MD 20904	240.670.7952
<a href="#"><u>All American Protective Services, LLC</u></a>	7361 Calhoun Place Suite 485 Rockville, MD 20855	301.296.4499
<a href="#"><u>American Fingerprinting Services</u></a>	4800 Hampden Ln, Suite 200 Bethesda, MD 20814	240.235.0974
<a href="#"><u>Apex Investigative Services</u></a>	1916 Crain Hwy S. Ste. 11 Glen Burnie, MD 21061	410.590.3700
B&B Insurance Group	1305 S Division St. Ste. 14 Salisbury, MD 21801	443.736.8425



<a href="#">Biometrics Identity Verification System</a>	5010 Sunnyside Avenue #300 Beltsville, Maryland 20705	301.477.3210
<a href="#">Biometrics Identity Verification System</a>	1005 North Point Blvd Suite 728 Baltimore, MD 21224	443-503-6073
<a href="#">Biometrics Identity Verification System</a>	6214 Reisterstown Road Baltimore, MD 21215	443.213.8245 443.213.8625 (f)
<a href="#">Broadway Services, Inc.</a>	3709 E. Monument St. Baltimore, Maryland 21205	410.563.6949
<a href="#">E House Executive Security Professionals, Inc</a>	4710 Auth Pl Suite 420 Suitland, MD 20746	301.899.2828
<a href="#">Essential Support Services</a>	2028 Liberty Road Suite 102 Eldersburg, MD 21784	443-547-2223 1-866-388-9606
Fingerprint Express	2401 Blueridge Avenue Suite 401 Silver Spring, MD 20902	301.728.4947
<a href="#">FYI Fingerprints</a>	3696 Park Avenue Ellicott City, MD 21043	410.418.4657
<a href="#">Grand Mission Consult</a>	7515 Annapolis Rd #203 Hyattsville, MD 20784	301.429.0525
<a href="#">Heritage Training &amp; Shooting Center</a>	4537 Metropolitan Court Frederick, MD 21704	240.341.4006
<a href="#">Hughes Barney Investigations</a>	9315 Largo Drive West Suite 210 Largo (Upper Marlboro), MD 20774	301.333.1728
<a href="#">Inquiries, Inc.</a>	8707 Commerce Dr. Suite A Easton, MD 21601	866.987.3767
IOTA Security and Detective Agency, Ltd	11410 Marriottsville, Rd. Bldg. #7 Marriottsville, MD 21104	410.750.3278
Law Enforcement Institute of MD	30385 Three Notch RD Charlotte Hall, MD 20622	240.309.4019
<b>Morning Star Identity Solutions</b>	101 Lakeforest Boulevard Suite 402 Gaithersburg, MD 20877	301.977.7393 (local) 1.844.977.7393 (toll-free)
<a href="#">MorphoTrust USA (L-1)</a> c/o BITHGROUP Technologies	113 Monument Street Baltimore, MD 21201	877.467.9215

<a href="#"><u>MorphoTrust USA (L-1)</u></a> c/o Securitas Security Services	1101 Opal Court Suite 211 Hagerstown, MD 21740	877.467.9215
<a href="#"><u>Maryland Livescan, Inc.</u></a>	The Empire Towers Building 7310 Ritchie Hwy. Suite 610 Glen Burnie, MD 21061-3290	410.761.6700
<a href="#"><u>Mid-Atlantic Regional Investigations, LLC</u></a>	1202 West Street Annapolis, MD 21401	888.320.7775
<a href="#"><u>Optimal Health Care</u></a>	6 West Washington Street Hagerstown, MD 21740	301.790.4962
<a href="#"><u>Optimal Health Care</u></a>	198 Thomas Johnson Drive Suite 205 Frederick, Maryland, 21702	240.439.4373
<a href="#"><u>Pinkerton Consulting &amp; Investigations Inc.</u></a>	11019 McCormick Rd Ste 200 Hunt Valley, MD 21031	800.635.1649
<a href="#"><u>Positive I.D., Inc.</u></a>	103 Sudbrook Lane #2 Pikesville, MD 21208	410.602.2479
<a href="#"><u>Prevent First</u></a>	3710 Riviera Street #1A Temple Hills, MD 20748	301.423.5414
Qualls Security & Investigations	205 E. Main St Elkton, MD 21921	410.398.4444
<a href="#"><u>Quick Fingerprints</u></a>	11605 Crossroads Circle Suite F Middle River, MD 21220	855.463.7226
<a href="#"><u>Renox Group, LLC</u></a>	ID Solutions 9500 Annapolis RD Suite B2 Lanham, MD 20706	301.850.1148
<a href="#"><u>Safe Hire Solutions</u></a>	180 Main Street Prince Frederick, MD 20678	240.375.7601
<a href="#"><u>Scotty's Investigations, Inc.</u></a>	515 Regina Avenue Cumberland, MD 21502	301.777.0232
<a href="#"><u>Securpros</u></a>	9300 Annapolis Road #103 Lanham, MD 20706	301.459.8322
<a href="#"><u>The Fingerprint Doctor</u></a>	312 N.Charles Street Suite # 300	410.244.1756
<a href="#"><u>The Fingerprint Doctor</u></a>	6556 Reisterstown Rd Plaza Baltimore, MD 21215	410.585.0870

<a href="#"><u>The Training Point</u></a>	601 Seventh Street Suite 301 Laurel, MD, 20707	301.776.2976
<a href="#"><u>Thomas Security</u></a>	1325 Mt. Hermon Road Salisbury, MD 21804	410.548.5029
<a href="#"><u>Three Brothers</u></a>	3061 Frederick Avenue Baltimore, MD 21223	410.566.9112
Trident Security Group, LLC.	9808 Liberty Road Randallstown, MD 21133	443.272.6573
<a href="#"><u>United Security &amp; Communications, Inc.</u></a>	5415 Southern Maryland Blvd. Wayson's Corner (Lothian), MD 20711	301.952.8724
<a href="#"><u>Worth-A-Shot, Inc.</u></a>	8424 Veterans Highway Suite #11 Millersville, MD 21108	443.688.6521



---

## CONFIDENTIALITY OF INFORMATION AGREEMENT

---

Applicant Name: \_\_\_\_\_  
PRINT NAME

### Confidentiality of Information

- All information designated confidential that is obtained or generated as a result of any or all of the operations of the agency will be dealt with in a confidential manner.
- All information that is gathered, maintained, or stored by the agency becomes the agency's property and cannot be released without proper authorization from the administration.
- Altering information is prohibited by the agency and by law. Correction of any identified erroneous information must be done according to agency policy.

### WHAT WE CAN DO TO MAINTAIN CONFIDENTIALITY OF INFORMATION

- In order to protect any individual from invasion of privacy and to protect the interest of the agency, any information gathered for patient care or operations will be gathered, maintained, and stored in such a manner as to assure confidentiality.
- Access to information will be limited to a need to know basis to perform the scope of one's duties and responsibilities.
- Dissemination of information will be handled according to agency policy, and staff will be informed during orientation, will sign the confidentiality statement, and it will be placed in the employee's file.
- Proven violation of breach of the confidentiality agreement may be cause for immediate termination.

***I understand I am responsible for following this Confidentiality of Information Agreement and the guidelines, both written and verbal.***

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



ROYAL TREATMENT HEALTH CARE SERVICES, INC.

## HBV VACCINE / WAIVER FORM

**\*\*\* COMPLETE THIS FORM ONLY IF YOU HAVE NEVER RECEIVED THE HEPATITIS B VACCINATION \*\*\***

If you have received the complete Hepatitis B vaccination series,  
please provide documentation to the Agency.

Applicant Name: \_\_\_\_\_  
(Print Name)

I have been advised of my rights to accept or decline the HBV Vaccine. HBV (Hepatitis B Virus) has been fully explained to me.

*I understand that due to my occupation exposure to blood or other potential infectious materials I may be at risk acquiring Hepatitis B Virus (HBV) Infection. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B Vaccine, I will go to my primary care physician and provide the record to Royal Treatment Health Care Services, Inc.*

Initial one option:

\_\_\_\_\_ I choose to waive my rights to receive the HBV Vaccine.

\_\_\_\_\_ I choose to receive the HBV Vaccine from my Primary Care Physician or Urgency Care Facility / Pharmacy Clinic and I understand that the vaccine is given in a 3-part series.

Series #1 Date	Series #2 Date	Series #3 Date

Please be sure to provide documentation for each shot received.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RTHCS, Inc. Representative Signature

\_\_\_\_\_  
Date



## Annual Tuberculosis Questionnaire

***For personnel who have a known positive PPD and previously negative chest x-ray, you are requested to complete this questionnaire with either a "yes" or "no".***

### HAVE YOU NOTICED ANY OF THE FOLLOWING?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Unexplained fevers                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Night sweats                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Unintentional weight loss                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Cough                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Hoarseness                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Bloody Sputum                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you completed INH therapy?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever had a BCG vaccine?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you had an x-ray while employed here? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

Office Use Only

**FOLLOW-UP NEEDED?** ☐ Yes ☐ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Royal Treatment Administration Signature

\_\_\_\_\_  
Date



---

## PROHIBITION OF TRANSPORTING PATIENTS

---

All Royal Treatment Health Care Services, Inc. (RTHCS, Inc.) staff members, employees, independent contractors and/or other affiliated personnel are PROHIBITED from transporting any patients/clients of the agency in a motor vehicle of any kind, including but not limited to, all motor vehicles owned or operated by Royal Treatment, while in the course of their employment with this agency.

The staff of RTHCS, Inc. may make arrangements for patients/clients requiring transportation in a non-emergency situation with local, public transportation services and/or family/caregivers.

In the event that a patient/client of RTHCS, Inc. does need immediate transportation to a medical facility, then the emergency procedures policy shall be followed and emergency medical services shall be summoned by the RTHCS, Inc. staff member, employee, independent contractor, or other affiliated personnel to the scene.

Violation of this policy is grounds for immediate disciplinary action, including termination of employment with Royal Treatment Health Care Services, Inc.

*I understand I am responsible for following this Prohibition of Transporting Patients policy set forth by Royal Treatment Health Care Services, Inc.*

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date