

MRSA statement

(guest employees / students / temporary employees)

Name + initials _____
Date of birth _____
Tel/mobile phone _____
Start + end date activities _____ until _____
Position _____
Department _____
Name supervisor/host/hostess _____

Do you have contact with patients, or do you work in a department where patients are treated?

Yes / **No**

If **Yes**, tick the statement which applies.

- In the previous two months I have worked in a foreign hospital and/or have visited a foreign hospital for treatment or an admission.
If yes, before starting your activities you must have MRSA cultures taken by the arbo assistent.
- I am regularly working in a foreign hospital and/or regularly accompany patients from a foreign to a Dutch hospital.
If yes, before starting your activities you must have MRSA cultures taken by the arbo assistent.
- In the previous two months I have **not** been working in a foreign hospital and/or have **not** visited a foreign hospital for treatment or an admission.

Guest employee/intern

In agreement

Date _____

Signature _____

MRSA cultures must be taken

Yes* / **No** (tick the statement which applies).

***If Yes >>>> Service Desk must immediately contact the arbo-assistent on ext. 2888 or Infection Prevention on ext. 2874 (before start of activities).**

Employee Service Winkel
(signature and name)

Send form a.s.a.p. to:
Company physician (secr. dep.)
O-Gebouw, kamer 0.0.23
(arbo assistent - ext. 2888)
Antwoordnummer 3524
1000 SE Amsterdam