

# Healthcare Services Questionnaire



Named Insured:	
Proposed Effective Date:	
Please provide a detailed description of the operation:	
Where there is patient care, what percentages of employees are: RNs _____ % LVNs _____ % CNAs _____ % ?	
Do employees use personal vehicles in the course of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are MVR's ordered and reviewed periodically so as to assure that such employees have satisfactory driving records? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any home infusion therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a formal lifting policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What controls are in place for patient handling? Any devices used (i.e. hoier lifts)?	
Is there a formal contact and disease prevention policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a written blood pathogen program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the maximum hours worked per 24-hour period? _____ hours	
What is average hourly wage for RNs – opening cases?    \$ _____	
What is average hourly wage for RNs – other?    \$ _____	
Are there any volunteer workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees have any exposure to HIV/AIDS patients? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percentage of ambulatory patients? _____ %    Percentage of non-ambulatory patients? _____ %	
Group medical insurance provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes:    % enrolled _____ %    % paid by employer _____ %	
Safety incentive provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes:    Describe:	
Pre-placement physicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What percentage of total operations are housekeeping/homemaking operations (e.g., cooking, cleaning, laundry, ironing, ...)? _____ %	
Remarks:	
Applicant's Signature	Date