AUXFS HEALTH PQS FORM

AUXFS Name: _____

Member #: _____

District/Division/Flotilla: _____

Date of completion of initial PQS: _____

This Health PQS Update shall be met by all currently Qualified Auxiliary Food Service Specialists (AUXFS) who have completed the AUXFS PQS but not the Health Screening PQS.

This is to CERTIFY that the above AUXFS has:

☐ Received a Food Service Personnel Screening from a Coast Guard Medical Officer or their licensed personal medical provider.

☐ Is vaccinated against Hepatitis A. The AUXFS provided proof of vaccination from a Coast Guard Clinic, personal medical provider or other third party provider.

Print Name: _____

Title/Rank: _____ (IDHS/DMOA/PCM)

Signature: _____

Date: _____

The AUXFS shall retain a copy of the signed PQS sheet and route the original to the DIRAUX via the Auxiliary region AUXFS coordinator.