I. Instructions

EMPLOYEE -

1. A physical examination or wellness check may be required for all school district employees upon initial employment and every three years thereafter (4 AAC 06.050). It is the responsibility of the employee to make sure that these records are kept up-to-date.

2. Complete page 2 of this form before your medical appointment.

3. When the examination / wellness check has been completed, page 4 of the form should be signed by the examiner and returned to:

> Kuspuk School District
> ATTN: Business Office
> P.O. Box 49
> Aniak, AK 99557

EXAMINER -

1. As stated in board policy, this examination may be required by the Board of Education to try to eliminate exposure of school children to communicable disease, especially tuberculosis, and to ensure the employee's physical and emotional fitness for his/her duties.

2. Medical personnel qualified to complete the tests detailed on the attached forms or equivalent forms should perform a careful review of past history and a complete physical examination.

3. The Physical Examination Record should be retained in your permanent patient record file to maintain confidentiality.

4. Tests to detect presence of tuberculosis may be required for all school staff (7 AAC 27.215):

> a. A tuberculin skin test is required for those who have never had a positive tuberculin skin test

> b. A health evaluation to identify symptoms suggesting tuberculosis is required on all persons who have had a positive tuberculin skin test; this may include a chest x-ray or sputum test

5. Laboratory tests other than those specified for initial employment (hemoglobin and urinalysis) should be done when indicated.

II. Physical Examination Record

TO BE COMPLETED BY THE EMPLOYEE -

Name:_____   Date of Birth: _____

School:_____   Position: _____

Past Medical History

Operations: Yes _____   No _____

          If Yes, give dates and nature of surgery:_____

Previous Illnesses: *(give dates)*

     Asthma: _____   Typhoid:_____   Diabetes: _____

          TB: _____   Ulcers:_____   Arthritis: _____

Chronic Colds:_____   Nervous Troubles: _____

Other:_____

_____

Immunizations: *(give dates)*

Diphtheria: _____   Typhoid: _____   Polio: _____

     Tetanus: _____   TB:_____   TB Result: _____

The information above is complete and true to the best of my knowledge. I authorize release of the above information and the physical examination findings to the Superintendent, Kuspuk School District.

_____   _____

Signature   *Date*

TO BE COMPLETED BY THE EXAMINER -

Date of Examination: _____

Height: _____   Weight: _____   Vision: R20/_____ L20/_____

Note: corrected/uncorrected

Eyes: _____

Hearing: _____

Nose and Sinuses: _____

Throat and Tonsils: _____

Teeth and Mouth: _____

Neck and Thyroid: _____

Heart: _____

Lungs: _____

TB Test Date: _____   Reaction: _____

Heart Rate: _____   Rhythm: _____   Murmur: _____

Blood Pressure: _____

Hernia *(specify site and seriousness)*: _____

Nervous and mental *(describe abnormalities)*: _____

Allergies: _____

Skin: _____

Medications: _____

Hemoglobin: _____

Urinalysis Date: _____   Sugar: _____

Albumen: _____

Remarks by Examiner: _____

_____

_____

_____

EXAMINER: Retain this completed form in your patient record file. Sign and give to the applicant the statement on the next page.

III. <u>Statement of Examiner</u>

Name of Person Examined: _____

Date: _____

To: Superintendent, Kuspuk School District

I examined the above named individual on the date stated. This examination included a review of past medical history and a thorough physical examination. A copy of the medical history and examination findings will be maintained in my patient record files. They may be reviewed by you or your authorized representative on written request.

Check applicable statement:

_____   The applicant was found to be free from communicable disease and to be physically and emotionally fit for his/her proposed duties

_____   The applicant was found to be unfit for the following reasons:_____

_____

_____

_____

The following required tests were performed and results are available from the examiner:

Yes	No	
_____	_____	Tuberculin Skin Test
_____	_____	Chest X-Ray
_____	_____	Hemoglobin Test
_____	_____	Urinalysis

Signature: _____Date:_____

Type or print name: _____

Address: _____

_____

_____

THIS PAGE ONLY SHOULD BE RETURNED TO KUSPUK SCHOOL DISTRICT