

Personnel – Certified/Non-Certified

Health Examinations

Each applicant for employment shall, as a condition of employment, have a physical examination where a physician clears them for work, prior to his/her assuming duties within the school system or in any case within 30 days of assumption of duties. The results of such examination shall be recorded by the examining physician on the form provided by the schools and filed in the individual's personal school file.

The Board of Education reserves the right to require additional physical and/or mental examinations, at any time and as deemed necessary by the Board of Education, Superintendent, or school medical advisor, in order to evaluate the employee's ability to perform his/her assigned duties.

Policy adopted: August 24, 2000
Policy revised: September 22, 2016

MARLBOROUGH PUBLIC SCHOOLS
Marlborough, Connecticut

**Marlborough School District
Health Examination Report**

Individual Name _____ Date of Examination _____
Address _____
School Position _____

To The Examining Physician:

The Marlborough Board of Education requires that all applicants for employment receive a pre-employment physical examination.

The Board of Education states that the physical examination include the following:

Check:

- 1. Health History
- 2. General physical and health examination
- 3. Urinalysis
- * 4. A chest x-ray (preferably a 14" x 17" celluloid film)
Note type of test and result _____

A serologic test for syphilis, and other blood tests should be included at the discretion of the examining physician. Any additional examination would be at your discretion. Thank you for your cooperation.

Joseph J. Reardon
Superintendent of Schools

In my opinion the examinee is physically and mentally capable of performing the duties assigned to him/her within this school system.

In my opinion the examinee is physically and mentally capable of performing the duties assigned to him/her but has the following disabilities or limitations: (Please indicate whether they are correctable or if a modification in the work program should be made.)

On the basis of this examination, I feel the examinee is not presently capable of performing the work assigned to the above school position for the following reason(s).

I certify that the examinee is free of communicable disease which might be transmitted to the school population.

Signed _____ M.D.
Address: _____