Health Appraisal Record

Instructions

The information requested in this Health Appraisal Record is to determine whether you have the physical and mental qualifications necessary to perform the job with or without reasonable accommodation, whether you can perform the job without posing a direct threat to the health and safety of others, and to obtain information in compliance with State Law.

Please be sure to complete each section of this form in its entirety. A summary of how to complete each section is explained below. If any section of this document is not completed accurately the form will be return to you and this could delay your ability to begin employment with Pittsburgh Public Schools. If you have questions regarding this form, please call Pittsburgh Public Schools Health Services at 412-529-3942.

Employee Information and History

The section must be completed by the prospective employee. There are five components under this section:

1. Contact/Demographic
2. Emergency Contact
3. Health Care Provider
4. Medical Questions
5. Immunization History – actual immunization records are acceptable, but not required.

Health Appraisal Screening Tests

This section must be completed and signed by a health care provider. There are 2 components to this sections:

1. Visual Screening – A visual screening must have been completed within **2 years** of your start date with Pittsburgh Public Schools. A copy of a prescription for eyeglasses and contact lenses is acceptable.

2. Tuberculin Skin (TB) Test – A TB test must be within **3 months** of your start date with Pittsburgh Public Schools. A copy is acceptable.

Medical Examination for Employment

This section must be completed and signed by a health care provider. Physical examinations older than **one year** of your start date with Pittsburgh Public Schools will not be accepted. The examining physician must certify physical examinations older than 3 months, but not more than one year. This section must be signed by the examining physician, a rubber stamp is **NOT** acceptable. Without Exception, examinations completed by a PA-C, DNP, CRNP, MT must be co-signed by the collaborating/supervising M.D. or D.O. The name of the M.D. or D.O. must be legible.

The Pittsburgh Public Schools (PPS) does not discriminate on the basis of race, color, age, creed, religion, gender (including gender identity or expression), sexual orientation, ancestry, national origin, marital status, pregnancy or disability in its programs, activities, career and technical education programs or employment and provides equal access to the Boy Scouts and other designated youth groups. It is the policy of the Pittsburgh School District to make all services, programs and activities available and to provide reasonable accommodations to persons with disabilities. Please make requests for accommodations at least 72 hours before the scheduled event. For more information regarding accommodations, civil rights grievance procedures, please contact Employee Relations, Office of Human Resources, 341 S. Bellefield Ave, Pittsburgh, PA 15213 or 412-529-HELP (4357).

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Health Services Department

Employee Information

Contact/Demographic				
First Name	M.I.	Last Name		
Street Address				
City	State	Zip Code		
Phone Number				
Birthdate	Sex	Social Security Number		
Position Being Hired For				
Subject (if applicable)		Grade Level (if applicable)		
Emergency Contact				
Person to notify in case of an emergency				
Relationship		Phone Number		
Health Care Provider				
Family Doctor's Name				
Family Doctor's Street Address				
Family Doctor's City	State	Zip		

Medical Questions	**Yes (✓)**	**No (✓)**	**Explain all questions checked "Yes" with the exception of the question 1.**
1. Have you been medically discharged from military service?			
2. Are you now under a physician's care?			
3. Do you take any medication daily, weekly, or monthly?			
4. Are you receiving or have you in the past applied for and/or received a disability pension or worker's compensation benefits? If you answer yes, indicate the date, the type of injury or disability, disposition of the claim and dates of receipt of the benefits.			

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Immunization History: Please check “Yes” or “No.” Provide immunization dates if known. If immunizations were received as a child, put “childhood.” Actual records are not required.			
Immunization	Yes (✓)	No (✓)	Date of last booster.
Tetanus			Dates:
Hepatitis B			Dates:
Measles.			Dates:
Mumps			Dates:
Rubella			Dates:
Polio			Dates:

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Health Appraisal Screening Tests

Prospective Employee's Name _____

Visual Screening at 10 ft. or 20 ft. Distance
The visual screening must be within 2 years prior of your start date with Pittsburgh Public Schools and can be completed by an examining physical. A copy of a prescription for eyeglasses or contact lenses is acceptable if it is within 2 years of your start date with Pittsburgh Public Schools.

Without Glasses	O.D.
	O.S.
With Glasses	O.D.
	O.S.
Contact Lenses	O.D.
	O.S.

_____
Signature and Title of Examiner

_____
Examination Date

Visual defects require screening with and without lenses.

Tuberculin Skin Test
TB Test must be within 3 months prior to the date Pittsburgh Public Schools receives the form as stated in 28 PA Code §23.44 (j). A copy of the results is acceptable. **The medical professional who administers the test must read the results. Results read by the prospective employee are not acceptable.**

____ Negative _____ or ____ Positive _____ (Record Size)

Note: If test is positive, prospective employee is required to get a chest x-ray, and the x-ray report must be provided.

_____
Date TB Test Given

_____
Signature and Title of Medical Professional

_____
Date TB Test Read

_____
Signature and Title of Medial Professional

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Medical Examination for Employment

Physician's Examination		
Patient's Name	DOB	Date of Exam
Medical History		
List of Chronic Medications		
Height	Weight	BP
General Appearance		
Skin	Rashes	
HEENT		
Thyroid	COR	
Lungs	Abd	
Genito-Urinary System		
Hernia	Rectal	
Extremities		
ROM	Spine	
Neuro		
Impression		
_____	is medically cleared without limitations for the position of: _____	
_____	is medically cleared with the following restrictions:	
Anticipated Duration of Restrictions		

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Physical examinations older than one year will not be accepted. The examining physician must certify physical examinations older than 3 months, but not over one year. The examining physician's signature certifies this statement: "As of the current date, the individual named above is cleared without limitations for the position indicated."

This form must be signed by the examining physician – Rubber Stamp Not Acceptable. Without Exception, examinations completed by a PA-C, DNP, CRNP, MT must be co-signed by the collaborating/supervising M.D. or D.O. The name of the M.D. or D.O. must be legible.

_____

Examining Physician's Name

_____ _____

Examining Physician's Signature Date

_____ _____

Collaborating/Supervising M.D./D.O. Signature* M.D./D.O. Name Date

_____

Street Address

_____ _____ _____

City State Zip Code

_____ _____

Phone Fax

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