

(School District or ISD)  
**PHYSICAL EXAMINATION**  
(Policies/Guidelines – SAMPLE)

The Board of Education or Superintendent reserves the right to require any employee or candidate, after a conditional offer of employment, to submit to an examination in order to determine the physical and/or mental capacity to perform assigned duties. Such examinations shall be done in accordance with the Superintendent's guidelines and/or the terms of the negotiated, collectively-bargained agreements.

Reports of all such examinations or evaluations shall be delivered to the Superintendent, who shall protect their confidentiality. Reports will be discussed with the employee or candidate and made a part of an employee's personal record. In the event of a report of a condition that could influence job performance, the Superintendent shall base a non-employment recommendation to the Board upon a conference with a physician and substantiation that the condition is directly correlated to defined job responsibilities and reasonable accommodation will not allow the employee or prospective employee to adequately fulfill those responsibilities.

The Board shall assume any uninsured fees for required examinations.

**EMERGENCY TREATMENT AND BOARD-ORDERED POSTOFFER AND  
POSTEMPLOYMENT PHYSICAL EXAMINATIONS**

A. If a return/follow-up visit is necessary, the staff member will be given a Return Form with a copy to the School District.

B. When the physician determines that the staff member may return to work, they will advise the Superintendent Office of the return date and restriction, if applicable.

C. If a staff member is injured on-the-job, the accident must be reported within twenty-four (24) hours to the immediate supervisor.

D. The Superintendent/Director will inform the insurance carrier, according to the guidelines, of any Workers' Compensation claims.

E. The results of all required medical examinations shall be made known to the Superintendent on a confidential basis, discussed with the candidate, and made a part of his/her personnel record, if employed. In the event of an unsatisfactory report, the Superintendent shall base any recommendation for non-employment upon a conference with the physician and/or upon applicable Federal and State guidelines regarding the employment and accommodation of those with disabilities.

Information from examinations required of any employee will be handled in the same manner.

**EMERGENCY MEDICAL AUTHORIZATION PERMIT**

Should I become incapacitated and unable to authorize the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, I authorize the individuals listed below to act on my behalf.

This authorization is valid until such time as I withdraw the authorization.

Authorized Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Authorized Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Doctor Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Dentist Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. No. \_\_\_\_\_

**Important Medical Information**

Allergies \_\_\_\_\_

Current Medications or Treatments \_\_\_\_\_

\_\_\_\_\_

Previous Operations or Hospital Confinements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date