

MONROE TOWNSHIP SCHOOL DISTRICT

423 Buckelew Avenue
Monroe Township, NJ 08831

TO: All New Staff Members

FROM: Office of the Superintendent

SUBJECT: Physical Examination

The Board of Education requires each candidate for employment who receives a conditional offer of employment to undergo a physical examination to determine whether the candidate is able to perform with reasonable accommodation job-related functions pursuant to P.L. 101-336, Americans with Disabilities Act of 1990 (ADA).

Attached you will find a Physical Examination Form which contains a health history section which should be completed by you as the employee and a physical examination section to be completed by your physician. **The completed form must be signed by your physician and returned to the Superintendent, c/o Department of Human Resources prior to your scheduled start date.**

All staff member's medical and health records, including computerized records, will be secured, stored, and maintained separately from other personnel files. The information contained in medical records will be kept confidential. Only the staff member, the Superintendent, and the school medical inspector shall have access to medical information regarding an individual employee. Health records may be shared only with authorized individuals in accordance with N.J.S.A. 18A: 16-5. The staff member may provide health-status information, including medications that may be of value to medical personnel in the event of an emergency requiring treatment. In such instances, the staff member may also choose to share with the staff member's Building Principal and, if desired, with the certified school nurse, information regarding current health status to assure ready access in a medical emergency.

Thank you for your cooperation.



MONROE TOWNSHIP SCHOOL DISTRICT

EMPLOYEE PHYSICAL EXAMINATION

Employee Name:	Date of Birth:
Street Address:	City, State, Zip:

Health History (completed by employee):

Do you now have or have you ever had any of the following:

Medical Condition	Yes	No	If Yes, Explain:
Allergies			
Asthma			
Cardiac			
Diabetes			
Emphysema/Lung Disease			
Gastrointestinal			
Neuromuscular Disorder			
Orthopedic Condition			
Respiratory Illness			
Skin Disorder			
Other: Please specify			

I have read the above and declare that I have no injury, illness or ailment other than is specifically noted above.

_____ Date _____

Employee's Signature

Report of Physical Examination (completed by physician):

Date of Exam:			Immunizations Current:	
Vision: R20/___ L20/___	Glasses/Lenses: Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing: Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Hearing Aid <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Normal	Abnormal	Not Examined	Comments
Height (inches) _____				
Weight (pounds) _____				
Pulse Rate _____				
Blood Pressure _____				
Vision Screening Results				
Hearing Screening Results				
General Health Condition				
Physician's Review of Health History, Evaluation, & Remarks				
This employee is fit for employment: Yes <input type="checkbox"/> No <input type="checkbox"/>				

Physician's Name (Print or type)

Physician's Signature

Telephone

Date

PHYSICIAN OFFICE STAMP