



Douglas County School District

Post Offer/Pre-Placement Physical Exam

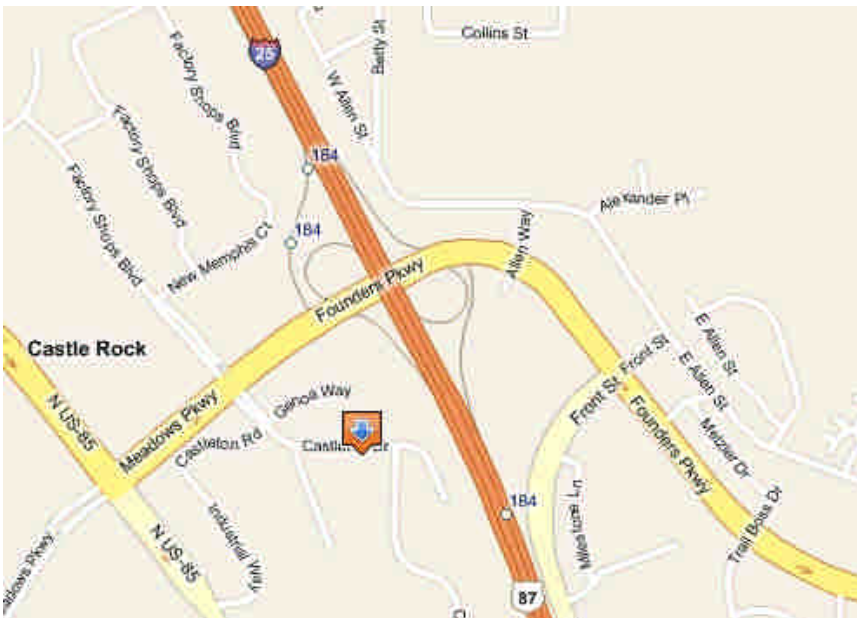
Name _____

Job Title _____ Date _____

As a condition of employment with Douglas County School District, you are required to undergo a physical examination. Your employment with Douglas County School District is contingent upon your ability to pass this examination. You must complete this examination prior to reporting to your work site.

Prior to reporting for your physical exam, you must review and complete the attached *Information Needed for Post Offer/Pre-Placement Physical* and *General Medical Information* questionnaires. You need to bring some type of photo identification to the examination. For your comfort, we suggest that you wear loose fitting clothing and comfortable shoes to the exam.

To schedule your physical, call *Denver Physical Therapy* at (303) 688-3914. The *Denver Physical Therapy Representative* can schedule an appointment for you. Be sure to give the *Denver Physical Therapy Representative* your exact position title, employer information, and your work location. *Denver Physical Therapy is located at 900 W. Castleton Road, #100; Castle Rock, CO 80109:*



Please note that the information contained in your responses to the questionnaires is considered confidential. This information will not be placed in your personnel file, but will be maintained in a separate medical file and access to this information will be restricted to the extent required by law.

Failure to show up for your appointment on time may result in a delay of job placement.



Douglas County School District

Physical Agility Test Informed Consent Form

PURPOSE: This test is designed to safely assess your physical ability to meet the physical demands of your job. We review the essential functions and physical demands portions of your job description to determine your ability to meet these demands.

PROCEDURE: You will perform this test in a sequence. The least stressful test will be done first, and then as you complete each sequence, you will advance to the next level. An evaluation of your trunk, extremity range of motion, muscle strength and reflexes are done to assess your testing level.

RISKS: The test is designed to reduce risks of physical injury. Some job tasks require significant physical effort. For the test to be meaningful, it must be equally challenging. While the possibility of injuring yourself while taking the test exists, this is very rare. You have the option of stopping the test at any time if you feel you are unable to continue, but your employment with Douglas County School District is contingent upon your ability to pass the test.

MANAGEMENT OF COMPLICATIONS: Your test administrator is CPR certified and skilled in acute care of musculoskeletal injuries.

INFORMED CONSENT: I have read and understand the above test description and its risks. I am willing to accept those risks in order to complete the test.

**SIGNATURE OF
PERSON BEING TESTED:** _____

**SIGNATURE OF
WITNESS:** _____

DATE: _____



Douglas County School District

Information Needed for Post Offer/Pre-Placement Physical

(PLEASE PRINT)

Last Name _____ First Name _____

Social Security Number _____ Male _____ Female _____

Date of Birth _____ Phone Number _____ Date of Hire _____

Height _____ feet _____ inches Weight _____ pounds

Activities: When not at work, do you participate in any of the following more than once a month?

	Yes	No		Yes	No
Needle work	<input type="radio"/>	<input type="radio"/>	Hair Dressing	<input type="radio"/>	<input type="radio"/>
Racquet Sports	<input type="radio"/>	<input type="radio"/>	Motorcycle Riding	<input type="radio"/>	<input type="radio"/>
Piano Playing	<input type="radio"/>	<input type="radio"/>	Snowmobile Riding	<input type="radio"/>	<input type="radio"/>
Weight Lifting	<input type="radio"/>	<input type="radio"/>	Woodworking	<input type="radio"/>	<input type="radio"/>
Fishing	<input type="radio"/>	<input type="radio"/>	Gardening	<input type="radio"/>	<input type="radio"/>
Computer Games	<input type="radio"/>	<input type="radio"/>	Boxing (kick or regular)	<input type="radio"/>	<input type="radio"/>

Other recreational activities or hobbies? _____

Hands:	Right	Left	Both
Which hand do you write with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Which hand do you work with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Arms:	Yes	No
Within the last 12 months or currently, do your hands feel funny, numb, or tingly?	<input type="radio"/>	<input type="radio"/>
If YES, how often does this occur...		
More than once a month?	<input type="radio"/>	<input type="radio"/>
More than once a week?	<input type="radio"/>	<input type="radio"/>
Every night while sleeping?	<input type="radio"/>	<input type="radio"/>
Within the last month or currently, do you have pain in either wrist?	<input type="radio"/>	<input type="radio"/>
Within the last month or currently, do you have pain in either elbow?	<input type="radio"/>	<input type="radio"/>
Within the last month or currently, do you have pain in either shoulder?	<input type="radio"/>	<input type="radio"/>
Have you ever broken your right wrist?	<input type="radio"/>	<input type="radio"/>
Have you ever broken your left wrist?	<input type="radio"/>	<input type="radio"/>
Do you have Rheumatoid Arthritis?	<input type="radio"/>	<input type="radio"/>
Have you ever had Carpal Tunnel Syndrome in your right hand?	<input type="radio"/>	<input type="radio"/>
Have you ever had Carpal Tunnel Syndrome in your left hand?	<input type="radio"/>	<input type="radio"/>

Have you seen a doctor in the last two years because of problems with your....

	Yes	No		Yes	No
Wrist?	<input type="radio"/>	<input type="radio"/>	Knee?	<input type="radio"/>	<input type="radio"/>
Elbow?	<input type="radio"/>	<input type="radio"/>	Back?	<input type="radio"/>	<input type="radio"/>
Shoulder?	<input type="radio"/>	<input type="radio"/>	Neck?	<input type="radio"/>	<input type="radio"/>

Please explain: _____

Back:

Have you ever had a back injury? Please describe and give dates and note area of the back injured:

Diabetes: _____ **Yes** **No**

Do you have or have you every been diagnosed with diabetes?	<input type="radio"/>	<input type="radio"/>
If you have diabetes and are receiving treatment, what kind of treatment?		
Special Diet	<input type="radio"/>	<input type="radio"/>
Oral medications	<input type="radio"/>	<input type="radio"/>
Insulin injections	<input type="radio"/>	<input type="radio"/>

Thyroid:	Yes	No
Do you have a Thyroid Condition?	<input type="radio"/>	<input type="radio"/>
If YES, are you taking Thyroid medication?	<input type="radio"/>	<input type="radio"/>

General Medical Information:

1. What date were you last seen by a physician? _____
 What was the purpose of your visit? _____
2. Are you currently on medication? YES ___NO ___ If yes, please list medications: _____

3. Do any of these medications make you drowsy or otherwise affect your ability to function? YES ___NO ___
 If yes, please explain: _____

4. Have you ever had a job related injury or illness? YES ___NO ___ If yes, please explain: _____

5. Have you ever been given a work restriction based upon an on-the-job injury or illness? YES ___NO ___
 If yes, please explain: _____
6. If you had restrictions, please explain what they were, when were they imposed and for how long?

7. Are those restrictions still effective? YES ___NO ___ If yes, please explain: _____

8. Did you ever have work restrictions for any reason other than an on-the-job injury or illness? YES ___NO ___
 If yes, please explain: _____

9. Have you ever incurred or sustained an injury which limited one or more of your major life activities?
 YES ___NO ___ If yes, please explain: _____

10. If answer to #8 or #9 was YES - What were those restrictions? How long were the restrictions and are they in
 effect now? If so, please explain: _____

11. Have you ever requested accommodations from an employer to help you perform the requirements of the
 job? YES ___NO ___ If yes, please explain: _____

12. If you have requested accommodations, what did you request and for what reason did you request those

accommodations? What job were you applying for and for which employer? _____

13. Have you ever received disability payment through workers' compensation or some other source?
YES ___NO ___ If yes, please explain: _____

14. Have you ever received a permanent impairment disability rating of any kind through workers' compensation or any other source? YES ___NO ___ If yes, please explain: _____

15. If the answer to #14 is yes, what was the permanent impairment disability rating and for what reason?

16. Was any claim you filed for workers' compensation rejected? YES ___NO ___ If so, please explain:

17. Have you ever had an accident or illness which resulted in a restriction to your normal activities?

YES ___NO ___ If yes, please explain: _____

18. Have you ever had epilepsy or seizures? YES ___NO ___ If yes, please explain: _____

19. Have you ever had heart conditions (such as heart attacks or heart defects)? YES _____ NO _____
If yes, please explain: _____

20. Have you ever had strokes, blackouts or loss of consciousness? YES ___NO ___ If yes, please explain:

21. Have you ever had hearing or vision loss or impairment? YES ___NO ___ If yes, please explain: _____

22. Do you currently have, or have you ever had communicable diseases (i.e. Hepatitis, Typhus, Tuberculosis, HIV, AIDS, other)? YES ___ NO ___ If yes, please: a) give the date(s) you were diagnosed/informed of the disease(s), b) list the disease(s), and c) list your treating physician(s).

23. If you answered YES to question 22, are you currently getting treatment or medication(s) for this disease(s)?
YES _____ NO _____ Please explain: _____

24. If you answered YES to question 22, are you currently prescribed any medication(s) for this disease(s)?
YES ____ NO ____ Please: _____

25. Are you currently under the care of, or getting treatment from, any medical professional? YES ____ NO ____
If yes, please list the medical condition(s) and medical provider(s)? _____

I hereby affirm that the information on this form is true and correct, and that there are no omissions. I authorize a physician, medical facility, law enforcement agency, administrator, state agency, institution, information service bureau, insurance company or employer contacted by Douglas County School District, or an agent of the District, to furnish or verify workers' compensation information and medical records, if necessary.

I also understand that any false information or omissions discovered will constitute fraud and that Douglas County School District may discontinue employment with the undersigned. I also understand that false information or omissions may reduce any workers' compensation claim to 50% of benefits, in accordance with State Law.

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or source which provided the information.

I hereby acknowledge that any telephone facsimile(s) (fax) or photographic copy(s) shall be valid as the original.

TODAY'S DATE

SIGNATURE

SSN