

 <p style="text-align: center;">WEST VIRGINIA DIVISION OF JUVENILE SERVICES</p>	<p><u>POLICY NUMBER:</u></p> <p style="font-size: 2em; text-align: center;">130.00</p>	<p><u>PAGES:</u></p> <p style="text-align: center;">2</p>
<p><u>CHAPTER:</u> Administration and Management</p>	<p><u>REFERENCE AND RELATED STANDARDS:</u> W. Va. Code §§ 49-5-16a and 49-5E-1, et seq.; ACA 3-JTS-1C-16; ACA 3-JDF-1C-14; ACA 3-JCRF-1C-11</p>	
<p><u>SUBJECT:</u> Initial Employment Physical Examinations</p>		
<p><u>DATE:</u> January 1, 2015</p>		

POLICY

It is the policy of the Division of Juvenile Services to insure that all applicants considered for employment with the Division receive a physical examination prior to job assignment.

CANCELLATION

This Policy has been reviewed and supersedes Policy 130.00 dated April 1, 2008.

APPLICABILITY

This Policy applies to applicants who are being considered for employment with the Division of Juvenile Services.

DEFINITIONS

Physical Examination: A thorough evaluation of an applicant's current physical condition and medical history conducted by or under the supervision of a licensed physician.

PROCEDURES

1. Initial Employment Physical Examination
 - a. Following the successful completion of the Interview/Background Check for employment with the Division, a physician approved by the Division shall conduct a physical examination on the applicant. The physical examination shall be recorded on the Initial Employment and Report of Physical Examination. (Attachment #1).
 - b. The Division shall pay for the cost of such examination.
 - c. Applicants who do not meet prescribed standards shall no longer be considered for employment, unless a reasonable accommodation is requested as provided in paragraph (d) below.

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- d. The Director or designee may, at his/her discretion, upon consultation with a qualified medical and/or physical fitness authorities and legal counsel, make a reasonable accommodation or waive medical and/or physical fitness disqualifications. Medical and/or physical fitness authorities must certify that the accommodation will not interfere with the performance of duties.
- e. The physical examination shall be conducted by a licensed Medical Doctor and, as specified in Attachment #1, to include the collection and release of all information and test results.

2. Memorandum of Understanding

- a. The applicant shall be required to read and sign a memorandum of understanding (Attachment #2) prior to submitting to the tests listed in the attachment.
- b. The signed memorandum is maintained by the medical contract provider conducting the examination.

3. Record Keeping

- a. Once the original Report of Physical Examination is completed by the authorized medical personnel, the applicant shall be entitled to have a copy of the report sent to his or her personal physician.
- b. The Report of Physical Examination is *confidential* and will be maintained by the medical contract provider conducting the examination.

4. For standardization purposes, the altering of any format to any Division policy attachment is prohibited, other than to complete the information required on the form itself.

5. This policy will be adopted in its entirety and the facility will not create an operational procedure.

RIGHTS RESERVED

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

APPROVED:



 Director

1/1/15

 Date



**Initial Employment
Report of Physical Examination**

NOTICE: This information requested and to be recorded herein is confidential and will be maintained in a secure medical file as a part of the medical provider file.

Name: _____ **Age:** _____
Last First Middle

Home Address: _____
Street City State Zip Code

Date of Birth: _____ **Sex:** _____ **Height:** _____ **Weight:** _____

Home Phone: _____

I, _____, hereby authorize the release of the following medical
(applicant/employee full name)
information to the WV Division of Juvenile Services for purposes of employment
consideration and performance of duties.

signature of applicant/employee date

ATTENTION MEDICAL EXAMINER: This individual is an applicant for employment with the West Virginia Division of Juvenile Services. He/she will be required to perform strenuous physical tasks, which may involve physical fitness training, self-defense tactics and physical restraining of aggressive individuals.

Medical Examinations to be completed by the Medical Examiner:

Check Each Item:	Normal	Abnormal
Lungs and Chest	_____	_____
Heart	_____	_____
Vascular System	_____	_____
Abdomen/Viscera	_____	_____
Anus/Rectum	_____	_____
G-U System	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
Feet	_____	_____
Spine	_____	_____
Other Musculoskeletal	_____	_____
Neurological	_____	_____
Eyes/Ears/Nose/Throat	_____	_____
Vision: _____	_____	_____
Hearing	_____	_____

Blood Pressure Reading: _____

Pulse Reading: _____

Urinalysis (Drug Test) Results: _____ Negative _____ Positive for _____

Positive results must be confirmed by scientific analysis in order to be used as grounds for rejection or termination of employment.

**Laboratory results of the on-screen urinalysis positive were confirmed
_____ negative _____ positive on _____ (date).

Describe

Abnormalities: _____

List All Pre-Existing
conditions: _____

Hypertension

Rx: _____

Other Medications Currently Being Taken and Reason

For: _____

List all surgeries in the past ten (10)
years: _____

Allergies: _____

Examinee: is - is not medically suitable for employment.

(Signature of Medical Examiner)

(Date)

Physician's Name: _____

Address: _____

Phone Number: _____

This document will be maintained by the medical contract provider conducting the physical examination.



Memorandum of Understanding and Authorization

I understand that the following tests are required as a condition of employment by the West Virginia Division of Juvenile Services. I, _____, (Print Applicant/Employee Name), hereby authorize completion of the following tests at the expense of the Division.

- 1) RPR (Syphilis)
- 2) Complete Blood Count
- 3) Comprehensive Metabolic Panel
- 4) Urinalysis
- 5) Lipid Panel
- 6) Electrocardiogram (EKG)
- 7) Tuberculosis Test

Applicant/Employee Signature

Date

Medical Personnel Signature

Date

The signed memorandum shall maintained by the contract medical provider conducting the examination.