PERSONNEL AND NEGOTIATIONS

MISCELLANEOUS PERSONNEL AND NEGOTIATIONS POLICIES

Staff Health

The Board of Education seeks to provide a healthful and safe working environment for the total school community. The Board employs individuals who have physical and mental capacity which will enable such employee to reasonably perform the duties required of the position, and to assure that all employees share a standard of health that will contribute to the safe, healthy, and efficient performance of work.

A. Medical Examinations

All offers of employment will be conditioned on the satisfactory outcome of a medical examination. District employees will undergo medical examinations as required by law (e.g., bus driver annual physicals), and when consistent with the district's business necessity.

Examinations may be by a school doctor at the district's expense, or by the individual's physician. Individual's using their own doctor will be reimbursed up to the standard fee agreed to by school doctors. Examinations performed by a school doctor or by the family doctor will be reported on a form furnished by the school district.

Information regarding the medical condition or history of any applicant or employee shall be collected and maintained on separate forms and in separate medical files. It shall be treated as a confidential medical record.

The district may, in appropriate cases, require a medical examination prior to returning to work following an extended leave of absence.

Failure to undergo a required medical examination may be grounds for dismissal.

B. Tobacco-Free Environment

It is the policy of the West Genesee Central School District that there be no smoking or use of tobacco inside District buildings, on school buses, or on District grounds at anytime. Employee conduct that is inconsistent with this policy will be evaluated for appropriate disciplinary action in accordance with other existing Board policies, applicable collective bargaining agreements, the Civil Service Law, and the Education Law.
C. Cancer Screening

In accordance with Federal and State law, it is the policy of the district to entitle its employees to mandated health services (such as breast or prostate cancer screenings).

Update  First  Second
Presentation: 5/6/09  Vote: 5/20/09  Vote: 6/3/09
Physical Examination Report
For New Employees

Name: ____________________________
Birthdate: ________________________
Address: ________________________________________
Phone Number: ____________________

Past Medical History: (place an “X” in the appropriate box)

<table>
<thead>
<tr>
<th>Do you have a History of:</th>
<th>Yes</th>
<th>No</th>
<th>Do you have a History of:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
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<td>Heart Murmur</td>
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<td>Arthritis</td>
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<td>Hypertension</td>
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<td>Asthma/respiratory problems</td>
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<td>Indigestion</td>
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<td>Back problems</td>
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<td>Kidney problems</td>
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<td>Bleeding gums</td>
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<td>Mental illness</td>
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<td>Cancer (growths/tumors)</td>
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<td>Migraine headache</td>
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<tr>
<td>Concussion(s)</td>
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<td>Physical disability</td>
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<td>Diabetes</td>
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<td>Seizures</td>
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<td>Drug/Alcohol abuse</td>
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<td>Sinus problems</td>
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<td>Fatigue</td>
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<td>Skin disorder</td>
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<td>Fevers/night sweats</td>
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<td>Speech problems</td>
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<td>Glaucoma</td>
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<td>Strep throat</td>
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<td>Hearing problems</td>
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<td>Tuberculosis</td>
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<td>Heart Disease</td>
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<td>Visual problems</td>
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<td>Chronic Unexplained Cough/weight loss</td>
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<td></td>
<td>Exposure to Tuberculosis</td>
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</tbody>
</table>

Serious illness/injury in past 3 years. (Specify with date): ________________________________
Past Surgical Procedures: ______________________________________________________________
Current Medications: ________________________________________________________________

REQUIRED IMMUNIZATIONS (Birth – Five Program) | Date | Results
------------------------------------------------|------|-----------------------
Tuberculin Test (Mantoux)                       |      | Negative: o  Positive: o |
Diphtheria Tetanus (DT)                         |      | N/A                   |

Physical Examination:

Height: ____________________________  Weight: ____________________________  B.P.Pulse: ________________

Head: ____________________________  Respiratory: ____________________________
Ears: ____________________________  Abdomen: ____________________________
Nose: ____________________________  Genitourinary: ____________________________
Throat and Neck: ____________________________  Musculoskeletal: ____________________________
Cardiovascular: ____________________________  Metabolic/Endocrine: ____________________________
Skin: ____________________________  Extremities: ____________________________

I hereby certify that I have examined the above named applicant and find he/she is physically qualified for lawful employment:

Physician’s Signature: ____________________________  Date of Examination: ____________________________

Address: ____________________________  Phone Number: ____________________________

10/2013