

**KENTUCKY DEPARTMENT OF EDUCATION
MEDICAL EXAMINATION OF SCHOOL EMPLOYEES***

Name _____ Date of Birth ____/____/____ Sex: M F

Address _____ Telephone _____

Applicant With or Employed By _____ Board of Education _____

HISTORY

Medical (All serious medical and psychiatric diseases: Diabetes, Epilepsy, Heart Disease, etc. _____

Surgical (All major operations) _____

"Per the Genetic Information Nondiscrimination Act of 2008, it is unlawful for an employer to request genetic information, genetic testing information, family medical history information, or family genetic testing information from an applicant or employee. The medical provider conducting this examination of an applicant/employee of a local school district shall not request, require or purchase this information about the applicant or employee. Any applicant or employee undergoing a medical examination for employment with a local school district shall not provide this information to the medical provider or the school district." _____

PHYSICAL

- | | |
|------------------------------|-------------------------------------|
| 1. General Appearance _____ | 7. Blood Pressure _____ Pulse _____ |
| 2. Eyes _____ | 8. Lungs _____ |
| 3. Ears, Nose & Throat _____ | 9. Abdomen _____ |
| 4. Teeth & Gums _____ | 10. Nervous System _____ |
| 5. Thyroid _____ | 11. Extremities _____ |
| 6. Heart _____ | Other _____ |

Tuberculosis Risk Factor Assessment

Yes No High risk for Tuberculosis infection

Yes No Referred to local health department for further TB infection evaluation

Yes No Tuberculosis test performed (specify: _____ TST/_____ BAMT)

_____ Date of chest X-Ray

No further follow-up unless signs/symptoms of Tuberculosis infection develop

I have examined _____ and find him/her free of communicable disease and

any physical or mental disabilities that might interfere with performing his/her duties, except as follows:

PLEASE COMPLETE THE BACK IF PLANNING TO DRIVE ANY DISTRICT VEHICLE

Date of Examination

Signature (Physician/PA/ARNP)

PLEASE COMPLETE IF PLANNING TO DRIVING ANY SCHOOL OR BOARD VEHICLE

- Yes No Have you ever a seizure
- Yes No Currently have a defibulator
- Yes No Ever had a stroke or TIA
- Yes No Currently wear mono-vision contact lenses
- Yes No Currently take insulin

Vision ____/____