

**Simsbury Public Schools
933 Hopmeadow Street
Simsbury, CT 06070
(860) 651-3361 Phone
(860) 651-4343 Fax**

Medical Examiner's Certification – Return to Work

Type of Examination:

- | | |
|--|---|
| <input type="checkbox"/> Post-Offer, Pre-employment* | <input type="checkbox"/> Employee Pre-Placement |
| <input type="checkbox"/> Independent Medical Examination | <input type="checkbox"/> Periodic (Purpose) |
| <input type="checkbox"/> Return to Work/Fitness for Duty | |
| <input type="checkbox"/> Drug Test | |
| <input type="checkbox"/> Work-Related Injury or Illness | |

I certify that I have examined (See Guidelines 1-6) _____
(Name of Patient)

on _____ With knowledge of his/her job functions, working conditions,
(date)
and safety hazards, and I find the following:

- No work restrictions, direct threats or emergency treatment or evacuation requirements. Individual fully able to perform all essential job duties safely under indicated working conditions and environment. Date employee can return to work: _____
- Work restriction(s) and duration (See Medical Examination Guidelines, Nos. 7 and 8)
- Individual poses a direct threat to safety or health of others in the workplace or to property (See Guidelines Nos. 9 and 10).

Specify (a) the nature and severity of the potential harm; (b) the duration of risk; (c) the likelihood that the potential harm will occur; and (d) the immanence of the potential harm.

(a)

(b)

(c)

(d)

- Emergency treatment or emergency evacuation assistance requirements

***If Pre-Employment**

If the individual has identified any job-related injuries or illnesses on the Workers' Compensation Claim History form, identify the baseline status of the health condition or capability for purposes of potential re-injury or recurrence of illness on the job. If additional medical information or tests results are needed to determine the baseline, the examining physician should obtain the necessary information, perform the needed tests, or refer the individual to a specialist to perform the necessary tests.

- Drug test performed (only if specifically requested)
- No indication of illegal drug use
 - Confirmed positive indication of illegal drug use (or illegal use of prescription drugs)

Examining Physician (Please type)

Signature

Date

Address

City State Zip Code

Telephone

Return completed form to:

Cindi Freilinger
Human Resources Coordinator
Simsbury Public Schools
933 Hopmeadow Street
Simsbury, CT 06070
(860) 651-3361 Phone
(860) 651-4343 Fax

personnel/fmla/medcert

MEDICAL EXAMINATION

Guidelines for Performing, Recording, and Reporting Results of Medical Examinations

1. The examining physician should review these guidelines before performing the medical examination.
 - ◆ Skin exposures, environmental exposures (including radiation)
2. The medical examination must be performed by a licensed doctor of medicine. (A licensed optometrist or authorized professional medical assistant or technician may perform examinations pertaining to visual acuity, field of vision, and ability to recognize colors.)
 - ◆ Mental or emotional demands, exertion, tension
 - ◆ Work schedules
 - ◆ Travel restrictions
 - ◆ Special eating privileges required
3. The purpose of the medical examination is to determine the individual's current ability to perform the essential functions of the job being held or sought without posing a direct threat to the health or safety of others in the work place, and without posing a direct threat to school district property.

Explain restrictions where appropriate.
4. The examining physician must review the job description of the job held or sought, the job demands, working environment and conditions, and conduct the examination in relation to the specific job.
5. All medical judgements must be made on an individual basis and not on generalized assumptions of date (including statistical studies) pertaining to what a class of individuals with similar impairments can or cannot do.
6. Upon completion of the examination, the examining physician must indicate whether or not the individual has any work restriction (if any), the duration of the restriction, and whether or not the individual poses a direct threat to health, safety, or property.
7. Specified work restrictions must be specific to the individual's function limitation, rather than based on general medical diagnosis.
8. Work restrictions should be specified in terms of degree, direction, weight, frequency, repetitiveness or duration. Consideration should be given (but not limited to) the following categories. Specific restrictions on:
 - ◆ Standing, walking, climbing, lifting, pushing, pulling, carrying, bending, squatting, stopping
 - ◆ Head, neck, shoulder, arm. Leg, wrist, hand or foot use, motion or positions
 - ◆ Sustained vision, fine vision, depth perception, peripheral vision, color discrimination, microscopic work. Safety lenses/side shields required
 - ◆ Work where hearing loss would create hazard, other hearing related restrictions
 - ◆ Machinery, heights, remoteness, vehicles
9. Posing a direct threat means that there is a reasonable medical certainty that the individual's performing the functions of the job would result in a high probability of substantial harm to other individuals in the workplace or substantial damages to property. The determination that an individual poses a direct threat shall be based on an individualized assessment of the individual's current condition and present ability to safely perform the essential functions of the job and not on a prognosis that the individual will or might pose a direct threat at some imprecise time in the future. In determining whether an individual would pose a direct threat, the factors to be considered include:
 - (a) The nature and severity of the potential harm;
 - (b) The duration of the risk;
 - (c) The likelihood that the potential harm will occur and;
 - (d) The imminence of the potential harm.
10. The physician should identify the specific risk posed by the individual. For individuals with physical disabilities, the physician must identify the aspect of the disability that would pose the direct threat. The physician should then consider the four factors listed above. For individuals with mental or emotional disabilities, the physician must identify the specific behavior on the part of the individual that would pose the direct threat.
11. Upon completion of the examination, the examining physician should complete and sign the Medical Examiner's Certification form, furnish one copy to the person examined, one copy to the employer and retain one copy.
12. The examining physician should retain the job description and all other medical history, clinical, and diagnostic medical information in a manner readily responsive to clarification inquiries.