

LOS ANGELES UNIFIED SCHOOL DISTRICT

Human Resources Division

Employee Health Services

**MEDICAL AND TUBERCULOSIS CLEARANCE
FOR NEW CERTIFICATED EMPLOYEES**

To ensure the attached forms are valid at the time of submission, do not proceed with these examinations until your employment has been officially approved.

**ALL HEALTH FORMS MUST BE SUBMITTED IN A SEALED ENVELOPE FROM
THE MEDICAL FACILITY**

Prior to official employment in any certificated position, you must provide, at your own expense, evidence of tuberculosis (TB) clearance and medical examinations. To avoid an unnecessary delay in your employment processing, your physician and you should read and follow all instructions below AND on the attached forms.

Tuberculosis Clearance for New Certificated Employees (Form 8459)

All persons initially employed by a school district must be tested to determine if he/she is free of active TB **not more than sixty (60) days prior to the date of being hired**. The test must be an intradermal Mantoux tuberculin skin test (PPD), A tine test is not acceptable. If the intradermal skin test is or has ever been positive (10mm or more), that test date must be indicated and chest x-ray results must be provided.

Certificate of Medical Examination (Form 8457)

All persons initially employed by a school district must undergo a medical examination **not more than six (6) months prior to the date of being hired** and have Form 8457 signed by a **licensed physician (MD or DO)**. Exams performed by Physician's Assistants and/or Nurse Practitioners must be countersigned by their supervising MD.

LOS ANGELES UNIFIED SCHOOL DISTRICT

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TUBERCULOSIS (TB) CLEARANCE FOR NEW CERTIFICATED EMPLOYEES

PLEASE NOTE: In accordance with California Education Code Section 49406, all persons initially employed by a school district must be examined to determine if he/she is free of active TB not more than sixty (60) days prior to being hired.

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law.

Personal Information (Please Print)
Last Name First Name M.I. Social Security Number
Home Address City State Zip Employee Number (if applicable)
Phone Number Cell Number Email Birthday (mm/dd/yyyy)
Position: [] Early Education [] K-12 [] Adult Education
[] District Intern [] Substitute [] Other:

Mantoux Tuberculin Skin Test (5 TU PPD)
Date Given
Date Read
Result (mm induration)
Signature of Practitioner Date
Printed Name of Practitioner
State License Number Degree

Chest X-ray (only if history of positive skin test)
Date (or estimated year) of positive skin test
Date X-ray Taken
Impression
Signature of Physician Date
Printed Name of Physician
State License Number Degree

Medical Facility's Contact Information
Address City
State Zip Phone Number

CANDIDATE MUST SUBMIT COMPLETED FORM TO:

Los Angeles Unified School District
Employee Health Services
333 S. Beaudry Ave., 14th Floor
Los Angeles, CA 90017

FOR DISTRICT USE ONLY



LOS ANGELES UNIFIED SCHOOL DISTRICT

Human Resources Division
Employee Health Services Unit

CERTIFICATE OF MEDICAL EXAMINATION

Personal Information (Please Print)
Last Name First Name M.I. Social Security Number
Home Address City State Zip Employee Number (if applicable)
Phone Number Cell Number Email Birthday (mm/dd/yyyy)
Position: [] Early Education [] K-12 [] Adult Education
[] District Intern [] Substitute [] Other:

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law.

TO BE COMPLETED BY A LICENSED PHYSICIAN ONLY (M.D. or D.O.)

On the basis of the patient's medical history and medical examination performed on him/her, I certify that this individual is free from any disabling disease unfitting him/her to instruct or associate with children. I hereby certify I am licensed to practice as a physician, and further certify the following:

Will this individual be a danger to self or others, including children? [] Yes [] No

If the individual has any restrictions or you answered Yes to the statement above, are there any reasonable accommodations that would allow the individual to perform the essential functions of the job, allow the individual to work safely with children and coworkers, and/or mitigate the danger to self or others? If so, please describe:

[]

Printed Name of Physician State License Number Stamp/Phone Number
Signature of Physician Today's Date Date of Examination

I, _____, declare I have reviewed the above information and I attest to the accuracy of the information I provided to my medical practitioner as set forth herein above. I have reviewed all the questions and answers provided on this Certificate of Medical Examination and acknowledge they are truthful and do not contain any omissions.

Additionally, I understand, and I am fully aware (1) this examination must be conducted not more than six (6) months prior to being hired, (2) any incomplete and/or inaccurate information regarding my medical history may constitute grounds for the withdrawal and nullification of any offer of employment or separation from my current position if I'm found guilty of such violation, (3) additional medical information and/or test results may be requested, and (4) I hereby authorize the release of all my medical and/or psychiatric records/data to the Los Angeles Unified School District without restriction.

Executed this _____ day of _____, 20_____, in _____, California, I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

CANDIDATE MUST SUBMIT ORIGINAL IN A SEALED ENVELOPE FROM THE MEDICAL FACILITY TO:

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Employee Health Services
333 S. Beaudry Ave., 14th Floor
Los Angeles, CA 90017

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GUIDELINES FOR EXAMINING PHYSICIAN

The statements below are provided as an aid in the medical examination of applicants for instructional and non-instructional certificated positions in the Los Angeles Unified School District.

PRIMARY FUNCTIONS OF INSTRUCTIONAL PERSONNEL

Serves in a school or center as a classroom teacher or instructor of one or more subjects and/or grade levels; maintains proper control and a suitable learning environment; and performs other professional duties such as instructional planning, communicating and conferring with students and parents, and supervising the activities of students within and outside the classroom.

PRIMARY FUNCTIONS OF NON-INSTRUCTIONAL PERSONNEL

Serves in an office, school, or center to provide service in support of students and/or instructional personnel; performs the professional duties of administrative, technical or resource personnel such as physician, nurse, psychologist, librarian, counselor, instructional specialist or manager.

Mental Health

1. Free of disabling psychiatric disorders that will prevent successful performance of the core duties of the position
2. Exhibits emotional stability and mental alertness sufficient to cope with a classroom of students

General Physical Abilities

1. Auditory acuity and oral facility sufficient to respond to questions and to impart information to students, staff, and parents
2. Able to lift and carry items weighing at least 20 pounds

If your patient is applying for a special education, nursing, or physical therapist position, this may require lifting or restraining disabled students ranging from 50 to 150 pounds, with or without help

3. Stamina to sit, stand, and move about for long periods of time and climb stairs
4. Visual acuity to read texts and other printed instructional materials

Special Physical Abilities

1. Teacher of physical education:
 - a. Stamina to ensure physical activity such as calisthenics, running, and jumping for sustained periods of time
 - b. Body flexibility and coordination sufficient to bend, stretch, twist, or reach out in order to demonstrate various sports, dance, and other physical education activities
2. Teacher of occupational/vocational/trades/crafts subjects:
 - a. Manual dexterity to use hand tools and power equipment
 - b. Auditory acuity to hear conversations in a noisy room and to discriminate among environmental (non-speech) sounds