

LOS ANGELES UNIFIED SCHOOL DISTRICT

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.

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.

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.

LOS ANGELES UNIFIED SCHOOL DISTRICT CERTIFICATE OF MEDICAL EXAMINATION

Personal Information (Please Print)				
Last Name	First Name	M.I.	SSN and/or Personnel Number	
Home Address	City	State	Zip	Birthday (mm/dd/yyyy)
Phone Number	Cell Number	Email		
Position: <input type="checkbox"/> Early Education	<input type="checkbox"/> K-12	<input type="checkbox"/> Adult Education		
<input type="checkbox"/> District Intern	<input type="checkbox"/> Substitute	<input type="checkbox"/> Other:		

TO BE COMPLETED BY A LICENSED PHYSICIAN ONLY (M.D. or D.O.)		
<p>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:</p> <p>Will this individual be a danger to self or others, including children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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:</p> <hr/> <hr/> <hr/>		
<hr/> <p style="text-align: center;">Printed Name of Physician</p> <hr/> <p style="text-align: center;">Signature of Physician</p>	<hr/> <p style="text-align: center;">State License Number</p> <hr/> <p style="text-align: center;">Today's Date</p>	<hr/> <p style="text-align: center;">Stamp/Phone Number</p> <hr/> <p style="text-align: center;">Date of Examination</p>

CANDIDATE	<p>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.</p> <p>Additionally, I understand and 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.</p> <p>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.</p> <p style="text-align: right; margin-right: 50px;">_____ Signature</p>	CANDIDATE
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CANDIDATE MUST SUBMIT ORIGINAL IN A SEALED ENVELOPE FROM THE MEDICAL FACILITY 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

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 examination must be an intradermal Mantoux tuberculin skin test, which if positive (10mm or more), must be followed by a chest x-ray. If you had a positive reaction to a prior skin test, indicate that date and proceed with a chest x-ray. A tine test is not acceptable.

Personal Information (Please Print)				
Last Name	First Name	M.I.	SSN and/or Personnel Number	
Home Address	City	State	Zip	Birthday (mm/dd/yyyy)
Phone Number	Cell Number	Email		
Position: <input type="checkbox"/> Early Education	<input type="checkbox"/> K-12	<input type="checkbox"/> Adult Education		
<input type="checkbox"/> District Intern	<input type="checkbox"/> Substitute	<input type="checkbox"/> 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 TO:
 Los Angeles Unified School District
 Employee Health Services
 333 S. Beaudry Ave., 14th Floor
 Los Angeles, CA 90017

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Human Resources Division
Employee Health Services Unit

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