

SECTION G: PERSONNEL

GA5-E(1)

FORMS FOR REQUIRED HEALTH EXAMINATIONS

NEW EMPLOYEES

NAME OF APPLICANT _____

POSITION APPLIED FOR _____

To The Examining Physician:

The Board of Education of **Meriden, Connecticut** requires that all applicants for employment receive a pre-employment physical examination. The individual whose name appears above has applied for employment, and indicated that you are to be the examining physician.

The Board of Education asks that the physical examination include the following:

- Health history
- General physical and health examination including height, weight, and blood pressure determinations
- A tuberculin test (intradermal PPD) or chest x-ray if a known tuberculin positive
- Vision test
- Hearing test
- A hemoglobin or hematocrit test is recommended
- Urinalysis

Any additional examinations would be at your discretion.

The duties of the position held, or applied for, should be considered in evaluating and reporting on the examination.

The detailed findings and related data should be kept in your files, and the Board of Education recognizes the confidentiality of your records. We do, however, request that the attached form be provided the Board of Education in order to assist it in making a final determination regarding the employment of this individual.

Thank you for your cooperation.

Return the attached form to:

STEPHEN SCHMITZ, M.D.
Medical Consultant

MERIDEN HEALTH DEPARTMENT
165 Miller Street, Meriden, CT 06450