

Appendix F

DIOCESE OF DES MOINES

School Employees

Certification of Fitness to Perform Assigned Tasks Plus Tuberculosis Check Form

Part I: Personnel Physical Examination Requirements

Each school employee must comply with Iowa Administrative Code 12.4(14) for accredited schools which states, "Except as otherwise provided in 281 - 43.15(285), the local board shall require each employee to file with it (in administrative office), certification of fitness to perform the tasks assigned which shall be in the form of a written report of a physical examination, including a check for tuberculosis, by a licensed physician and surgeon, osteopathic physician and surgeon, qualified doctor of chiropractic, licensed physician assistant, or advanced registered nurse practitioner."

"A report shall be filed at the beginning of service and at three year intervals."

Part II: To be completed by the Employee (Please Print)

Name _____ / /
Last First M.I. Age Date of Birth

Marital Status Name of Spouse Home Address City Zip Code Phone Number

Assignment: (check the category(ies) that apply)

___Administrator ___Teacher ___Secretary ___Custodian ___Food Service ___Bus Driver ___Coach ___Other

Part III. EMERGENCY - PERSON(S) TO NOTIFY IN CASE OF EMERGENCY (To be completed by employee)

1. _____ /
Name Relationship home phone/work phone Address

2. _____ /
Name Relationship home phone/work phone Address

3. _____
Name and Phone Number of **Doctor** to contact in case of emergency

Part IV: Medical Certification

I certify that I have conducted a physical examination for the above named person and find that said person is fit to perform the normal and usual tasks associated with the assignment listed.

I have conducted a tuberculosis test and found the results to be _____.

Name and Title of Person Conducting Exam Address & Phone Number Date of Exam