

PHYSICAL EXAMINATIONS FOR EMPLOYEES**All South Colonie Employees**

In accordance with New York State Education Law, all offers of employment with the South Colonie Central School District shall be conditioned upon the employee not having any physical or mental condition which may impede their ability to perform the duties of their position.

The Board reserves the right to require a health examination of any employee at any time during employment, at School District expense, in order to determine whether the employee can perform the essential functions of the position with or without reasonable accommodation. When such examination is made by the school physician or a physician designated by the District, the cost of such examination shall be borne by the District.

Annual or more frequent examinations of any employee may be required, when, in the judgment of the school physician or physician designated by the School District and the Superintendent, such procedure is deemed necessary.

The school physician will conduct the physical examination when required at no cost to the employee. Should a private doctor be chosen, the School District will provide reimbursement up to \$15.00 of the fee, provided a bill is rendered to the District from the physician clearly stating that the examination was for the required physical.

The final acceptance or rejection of a medical report with reference to the health of an employee lies within the discretion of the Board of Education. The decision of the physician designated by the Board as the determining physician shall take precedence over all other medical advice.

All medical and health related information will be kept in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This policy shall apply to teaching, administrative, and all other employment positions.

Bus Drivers

All bus drivers and substitute bus drivers shall have yearly physical examinations. Each bus driver initially employed by the School District shall have a physical examination within the four (4) weeks prior to the beginning of service. In no case shall the interval between physical examinations exceed a thirteen (13) month period.

1. The “Annual Medical Examination Report for School Bus Drivers and Substitute School Bus Drivers” required by New York State Law shall be conducted only by the designated school physician(s). The physical examination must be completed for each newly employed bus driver before beginning work and annually thereafter.

2. The Director of Transportation or his/her designee, under the guidance of the school physician will schedule all of the annual bus driver physical examinations during the months of July and August. Regardless of the date of the original physical examination, all annual examinations must be completed in the period from July 1 to the opening of school in any given year for all bus drivers. There shall be no cost to the employee for this physical examination.
3. No driver shall be allowed to begin work until the medical report has been submitted and approved.

Driver Education Instructors

Personnel employed to teach Driver Education are required to have an annual physical.

The position of Driver Education Instructor is one which requires quick reflexes, lack of nervousness, ability to meet emergencies and a disposition able to cope with students in an exacting instructional setting.

Minimum physical requirements for Driver Education Instructors:

1. Minimum vision (with or without corrective lenses) shall be 20/40 in each eye.
2. Shall have all limbs, hands, and feet. In the case of fingers, there shall be a least two fingers and a thumb on one hand and four fingers and a thumb on the other hand.
3. There shall be a good utilization of both arms and legs.
4. Hearing in each ear shall be adequate (without hearing aid).
5. Shall not have any other physical or mental condition which might impede the ability to operate a vehicle safely.

Cross-Reference: Policy 9211, Employee Qualifications

Reference: Education Law § 913

Revised: October 18, 2016

EMPLOYEE PHYSICAL EXAMINATION REPORT

To Be Completed by Employee:

Name: _____ Social Security: _____

Status: *(check one)* New Employee Current Employee

Building: _____ Assignment: _____

To Be Completed by Physician:

I hereby certify that _____ has been examined by me. In my opinion, this person is / is not physically fit to perform the duties and responsibilities of the job assignment noted above.

If the applicant or employee has any medical or health condition(s) which require(s) medical follow-up, please indicate the condition(s):

If the applicant or employee is not fit in your judgment, but the condition can be corrected, please describe the treatment needed:

Medical Examiner Signature

Date

Please promptly forward form to: South Colonie Central School District
Human Resources Department
102 Loralee Drive
Albany, NY 12205