

Policy Title:

***Employee Health:
Physical and Mental Health Examinations: Vaccines***

Code No. **402.7**

New Employees

Reports of physical examinations shall be required of all employees who will be working in job categories designated by the District to have physical examinations, including, but not limited to, custodial employees, food service employees, and transportation maintenance employees. Such examinations shall be required upon their initial employment with the District and/or at the time of their transfer into a position in a job category designated by the District to have physical examinations, certifying fitness to perform assigned duties with or without reasonable accommodation. The reports shall be required only after an offer of employment has been made. The examination shall be conducted by a medical professional selected by the District.

Bus drivers shall present reports of physical examinations by a certified medical examiner selected by the District evidencing fitness to perform duties as required by law. Such examinations shall be required upon initial employment and/or at the time of their transfer into the position, and every other year thereafter as required by law or more frequently as required by the District or Health Care Provider.

Additional Examinations

An employee may be required to have additional examinations (physical and/or mental) when, in the judgment of the superintendent or designee, or the Board of Education, such examinations are job related and consistent with business necessity. Such examinations shall be at the District's expense.

Vaccines

Employees identified as having reasonably anticipated occupational contact with blood or infectious materials in their work settings shall receive training and education on safety precautions and shall be provided the opportunity for a District-paid Hepatitis B vaccine. The employee shall sign a written waiver if he/she refuses the vaccine.

Date of Adoption: March 1, 1976

Date of Review: July 11, 2022

Date of Revision: May 8, 1989
November 11, 1996
November 25, 2002
July 17, 2006
September 22, 2008
May 13, 2013
August 8, 2016
September 11, 2017

MEDICAL VERIFICATION

CEDAR FALLS COMMUNITY SCHOOL DISTRICT

Name of Person Examined: _____

Address: _____

Primary Phone Number: _____

Social Security Number: _____

Position: _____

Building: _____

I certify that he/she ☐ is, ☐ is not, fully qualified in health to perform the assigned duties of the position listed above.

Additional remarks: _____

_____ Name of Examining Physician, Chiropractor, Licensed Physician, Assistant, or Advanced Registered Nurse Practitioner	_____ Address _____
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_____ Signature of Examining Physician, Chiropractor, Licensed Physician Assistant, or Advanced Registered Nurse Practitioner	_____ Date of Examination
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Return to: _____
Cedar Falls Comm. School District
1002 West 1st Street
Cedar Falls, Iowa 50613