



LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of the Chief Medical Director
Employee Health Services

Office of the Chief
Medical Director



CERTIFICATE OF MEDICAL EXAMINATION

Personal Information (Please Print)				
Last Name	First Name	M.I.	Social Security Number	
Home Address	City	State	Zip	Employee Number (if applicable)
Phone Number	Cell Number	Email		Birthday (mm/dd/yyyy)
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:	

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER ONLY (MD, DO, PA and NP)		
<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 an MD, DO, PA or NP 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> 		
_____ Printed Name of MD, D.O. PA & NP	_____ State License Number	_____ Phone Number
_____ Signature of Health Care Provider	_____ Today's Date	_____ Date of Examination

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 I 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 align="right">_____ Signature</p>	CANDIDATE
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CANDIDATE MUST SUBMIT A SCANNED COPY OF THE ORIGINAL WITH A STAMP FROM THE MEDICAL FACILITY TO:

employeehealth@lausd.net

Los Angeles Unified School District
Employee Health Services
333 S. Beaudry Ave., 14th Floor, Room
Los Angeles, CA 90017

MEDICAL FACILITY STAMP



GUIDELINES FOR EXAMINING HEALTH CARE PROVIDER

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; 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