

# MEDICAL EXAMINER'S CERTIFICATION

## Type of Examination:

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-Employment         | <input type="checkbox"/> Work-Related Injury or Illness  |
| <input type="checkbox"/> Drug Test              | <input type="checkbox"/> Return to Work/Fitness for Duty |
| <input type="checkbox"/> Employee Pre-Placement | <input type="checkbox"/> Periodic (Purpose) _____        |

\_\_\_\_\_  
\_\_\_\_\_

### GINA Disclosure

The Genetic Information Nondiscrimination Act (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of an 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.

I certify that I have examined (See Guidelines 1-6) \_\_\_\_\_  
Individual's Name

on \_\_\_\_\_ with knowledge of his/her job duties, working conditions, and safety hazards, and I find the following:  
(Date)

This individual is/will be able to begin/resume work as of \_\_\_\_\_  
(Date)

No work restrictions, direct threats, emergency requirements, and no illegal drug findings. Individual fully able to perform all job duties safely under indicated working conditions and environment.

Work restriction(s) and duration (See Guidelines 7-8) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Direct threat (Specify behavior or aspect of physical disabilities (See Guidelines 9-11))  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug test performed.       Drug test not performed.       No indication of illegal drug use.

Confirmed positive indication of illegal drug use (or illegal use of prescription drugs)

Emergency treatment or emergency evacuation assistance requirements \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Examining Physician (Type)      Signature      Date

\_\_\_\_\_  
Address      City      State      Zip Code      Telephone

# MEDICAL EXAMINATION

## Guidelines for Performing, Recording, and Reporting Results of Medical Examination

1. The examining physician should review these guidelines before performing the medical examination.

2. The medical examination must be performed by a licensed doctor of medicine. (A licensed optometrist or authorized professional medical assistant or technician may perform examinations pertaining to visual acuity, field of vision, and ability to recognize colors.)

3. The purpose of the medical examination is to determine the individual's current ability to perform the essential functions of the job being held or sought, without posing a direct threat to the health or safety of the individual him/ herself or to others in the workplace, and without posing a direct threat to company or other property.

4. The examining physician must review the job description of the job held or sought, the job demands, working environment and conditions, and conduct the examination in relation to that specific job.

5. All medical judgments must be made on an individualized basis and not on generalized assumptions or data (including statistical studies) pertaining to what a class of individuals with similar impairments can or cannot do.

6. Upon completion of the examination, the examining physician must indicate whether or not the individual has any work restrictions, specify the work restriction (if any), the duration of the restriction, and whether or not the individual poses a direct threat to health, safety, or property.

7. Specified work restrictions must be specific to the individual's functional limitations, rather than based on general medical diagnosis.

8. Work restrictions should be specified in terms of degree, direction, weight, frequency, repetitiveness or duration. Consideration should be given (but not limited to) the following categories. Specific restrictions on:

- Standing, walking, climbing, lifting, pushing, pulling, carrying, bending, squatting, stopping
- Head, neck, shoulder, arm, leg, wrist, hand or foot use, motion or positions
- Sustained vision, fine vision, depth perception, peripheral vision, color discrimination, microscopic work. Safety lenses / side shields required
- Work where hearing loss would create hazard, other hearing related restrictions
- Machinery, heights, remoteness, vehicles
- Skin exposures, environmental exposures (including radiation)

- Mental or emotional demands, exertion, tension
- Work schedules
- Travel restrictions
- Special eating privileges required

Explain restrictions where appropriate.

9. Direct threat means a significant risk of substantial harm to the health or safety of others in the workplace. The determination that an individual poses a direct threat shall be based on an individualized assessment of the individual's current condition and present ability to safely perform the essential functions of the job and not on a prognosis that the individual will or might pose a direct threat at some imprecise time in the future. In determining whether an individual would pose a direct threat, the factors to consider include:

- The duration of the risk;
- The nature and severity of the potential harm;
- The likelihood that the potential harm will occur; and
- The imminence of the potential harm.

10. Posing a direct threat means that there is a reasonable medical certainty that the individual's performing the functions of the job would result in high probability of substantial harm to other individuals in the workplace.

11. The physician should identify the specific risk posed by the individual. For individuals with physical disabilities, the physician must identify the aspect of the disability that would pose the direct threat. The physician should then consider the four factors listed above. For individuals with mental or emotional disabilities, the physician must identify the specific behavior on the part of the individual that would pose the direct threat.

12. Upon completion of the examination, the examining physician must complete and sign the Medical Examiner's Certification form, furnish one copy to the person examined, one copy to the employer and retain one copy.

13. The examining physician should retain the job description and all other medical history, clinical, and diagnostic medical information in a manner readily responsive to inquires pertaining to pre-existing health conditions and workers' compensation second injury funds.

14. The examining physician should advise the individual of the findings of the medical examination.