KENAI PENINSULA BOROUGH SCHOOL DISTRICT
148 N. Binkley Street
Soldotna, Alaska 99669
Phone: (907) 714-8888 Fax: (907) 262-9645

PHYSICAL EXAMINATION INSTRUCTIONS

EMPLOYEE:

1. Page I and II stay with the physician. **Part III, Statement of Examining Physician, should be signed by the examining physician and returned to the Human Resources Department by the employee.**
2. ***Employees who are covered under the KPBSD Health Plan must submit the claim to the Health Plan for reimbursement; normally the doctor's office will submit it for you.*** Part time employees who qualify (see KPEA and KPESA Collective Bargaining Agreement for qualification requirements) for reimbursement must submit an **itemized statement** with the paid receipt to the Human Resources Department. If you have other insurance coverage, please submit the ***Explanation of Benefits (EOB***) if you have an out of pocket cost for your physical; physicals are covered at 100% per the Affordable Care Act (ACA). **Late physicals will not be reimbursed**.
3. ***No reimbursement will be made for physical examinations required for initial employment. Substitute and Temporary employees are not eligible for reimbursement.***
4. The Kenai Peninsula Borough School District Board of Education Policy AR 4112.4 requires a physical examination prior to initial employment and every three years afterwards.
5. The examination is required in an effort to eliminate exposure of school children to communicable disease and to ensure the employee's physical and emotional fitness for his/her duties.

PHYSICIAN:

1. A careful review of past history and a complete physical examination should be performed.
2. The Physical Examination Record should be retained in your permanent patient record to maintain confidentiality of the employee's medical record.
3. Laboratory tests other than those specified for initial employment (urinalysis) should be done when indicated.
4. Payment for the examination and laboratory tests is the responsibility of the individual examined.

KENAI PENINSULA BOROUGH SCHOOL DISTRICT
PHYSICAL EXAMINATION

I.RECORDS RELEASE

(Completed by Employee)

Required for initial employment and every three years afterwards by the Kenai Peninsula Borough School District for all employees in accordance with the Kenai Peninsula Borough School District Board of Education Policy 4112.4.

Name _____ Age _____ Marital Status _____

School or Location _____ Position _____

PAST MEDICAL HISTORY (Completed by Employee)

SURGERIES: ☐ Yes ☐ No Please list dates and types of surgery below:

_____

_____

_____

_____

HOSPITALIZATIONS: ☐ Yes ☐ No Please list dates and types of illness below:

_____

_____

_____

_____

PREVIOUS ILLNESSES: Provide dates:

Asthma _____ Arthritis _____ Diabetes _____ Tuberculosis or positive PPD _____

Measles, Mumps & Rubella _____ Peptic Ulcer _____ Chicken Pox _____ Nervous Troubles _____

Other Chronic Illnesses or conditions: _____

IMMUNIZATIONS: Provide most recent dates:

Diphtheria _____ Influenza _____ Pertussis _____ Polio _____

Tetanus _____ Tuberculin Test _____ Result _____

Pneumonia _____ Hepatitis A _____ Hepatitis B _____

MMR (Measles, Mumps, Rubella) _____ Childhood immunizations completed? Yes/No _____

The information above is complete and true to the best of my knowledge. I authorize release of the above information and the physical examination findings to the Commissioner, Department of Education and Early Development, and the Kenai Peninsula Borough School District.

Signature of Employee _____

Physicians: Keep this records release in your patient record file.
Do NOT return this page to the Kenai Peninsula Borough School District.

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

II. HEALTH EXAMINATION

(Completed by Physician)

Name _____ Age _____ Date _____

General Inspection: Height _____ Weight _____

Eyes: Vision R/20 _____ L/20 _____ Note Abnormalities _____

Ears: Hearing _____ Note Abnormalities _____

Nose and Sinuses _____

Throat and Tonsils _____

Teeth and Mouth _____

Neck and Thyroid _____

Chest _____

Lungs _____

Heart Rate _____ Rhythm _____ Murmur _____

Blood Pressure _____ Hernia (Specify site and seriousness) _____

Nervous and Mental (describe abnormalities) _____

Skin _____

Other _____

LABORATORY TEST REQUIRED FOR INITIAL EMPLOYMENT ONLY:

Urinalysis: Date _____ Sugar _____ Albumen _____ Other _____

Remarks by Physician: _____

Signature _____

Physician: Retain this form in your patient record file. Complete, sign, and give the statement on the next page to the employee.
Do NOT return this page to the Kenai Peninsula Borough School District.

KENAI PENINSULA BOROUGH SCHOOL DISTRICT
PHYSICIAN EXAMINATION

III. STATEMENT OF EXAMINING PHYSICIAN

Employee Number _____ Position _____

School or Location _____

Attention Human Resources Department:

Employee Legal Name _____ Date _____

The examination included a review of his/her past medical history and a thorough physical examination. A copy of the medical history and examination findings will be maintained in my patient file records and may be reviewed by you or your authorized representative upon written request.

The employee was found to be free from communicable disease and to be physically and emotionally fit for his/her proposed duties.
YES ☐ **NO**** ☐

****If NO, the employee was found to be unfit for the following reasons:**

The following required tests were performed and results are available from the examining physician:

Physical Examination:	**Yes** ☐	No ☐	Date given _____	Results _____
*Urinalysis:	Yes ☐	No ☐	Date given _____	Results _____

***A urinalysis is required for KPBSD <u>initial</u> <u>employment</u> <u>only</u>.**

_____
Signature

_____
Print Name

_____
Name of Practice

_____
Mailing Address

_____
Telephone Number

_____
Fax Number

This form must be returned to the Kenai Peninsula Borough School District Human Resources Department. *Employees who are covered under the KPBSD Health Plan must submit the claim to the Health Plan for reimbursement; normally the doctor's office will submit it for you.* Part time employees who qualify for reimbursement must submit an itemized statement with the paid receipt to the Human Resources Department. Late physicals will <u>not</u> be reimbursed.