Tennessee Department of Children's Services

Fitness for Duty Medical Packet

Successful applicants for employment with the Department of Children's Services in specific job classifications are required, as a condition of employment, to pass a medical examination regardless of disability. This examination is conducted after a conditional offer of employment is made. The medical examination is used to determine whether the employee can perform the essential functions of the job classification, with or without accommodation. The physical examination must be completed and signed by the examining licensed healthcare provider (MD, DO, NP, or PA).

The duties of the DCS Officer may require physical exertion involving prolonged walking and standing, running, lifting, balancing, climbing, stooping, restraining or carrying inmates in emergencies, and participating in the apprehension and return of escapees, which may involve mental and physical stress. Employees must be able to wear the standard Emergency Escape Breathing Apparatus (EEBA). The Basic DCS Officer Training Program (BDOT) is three weeks in length and involves physical training including, but is not limited to, self-defense and use-of-force skills training.

Employees must be free from such physical defects or disease that may constitute employment hazards to them or others, and be capable of efficiently performing the duties of their position.

The Department of Children's Services may withdraw the offer of employment if the applicant does not have a satisfactory result on the medical examination. The Department will inform the applicant of any medical information which adversely affects a decision to withdraw the job offer. Disqualifications from the job offer will be job related and consistent with business necessity, including, but not necessarily limited to, failure to meet the medical requirements, inability to perform the essential function, with or without accommodation, or posing a direct threat to the safety of themselves or others that cannot be reduced through reasonable accommodation.

All information obtained from the post-offer medical examination is maintained in a confidential medical record and will be kept confidential with the following limited exceptions:

1. Decision-makers in the hiring process and supervisors may be told about necessary restrictions on the work or duties of the employee and about necessary accommodations.
2. First aid and safety personnel may be told if the disability might require emergency treatment.
3. Government officials investigating compliance with the ADA must be given relevant information on request.
4. Information may be given to state workers' compensation offices, and/or state workers' compensation insurance carriers in accordance with state workers' compensation laws.

Instructions to the Examining Provider

The prospective employee must fill out pages 2 - 4 and sign the form prior to the physical examination.
Upon completion of the examination, please return the forms by fax to:

YDC Human Resource Analyst
Fax number:

Employee Health History Questionnaire

☐ NEW ☐ CURRENT

Name: _____ _____ _____ _____
Last First Middle Social Security Number

Address: _____ _____ _____ _____
Number Street Apt # Area Code & Home Phone #

_____ _____ _____
City State Zip

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

YOUR REGULAR PHYSICIAN:

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Instructions to Employee:
Read and answer the following questions on pages 3 & 4 prior to the physical examination.

Any false statements/omissions will disqualify you from further consideration.

Employee Medical Information and Past Health History

Name		**DOB**	
Social Security Number	- -		

	Yes	No		Yes	No
Heart disease/heart attack	☐	☐	Gastrointestinal problems	☐	☐
High blood pressure	☐	☐	Kidney/urinary disease	☐	☐
High cholesterol	☐	☐	Hepatitis/liver disease	☐	☐
Stroke	☐	☐	Thyroid Disease	☐	☐
Cancer	☐	☐	Arthritis	☐	☐
Blood/circulatory problems	☐	☐	Bone/joint disorder	☐	☐
Sickle cell disease	☐	☐	Spine/back problems	☐	☐
Tuberculosis (TB)	☐	☐	Epilepsy/seizures	☐	☐
Asthma	☐	☐	Headaches (severe)	☐	☐
Lung disease	☐	☐	Head injuries	☐	☐
Diabetes	☐	☐	Other medical conditions	☐	☐

Explain any items checked yes	

List past injuries, accidents and/or illnesses that affected your ability to perform daily activities

Are you presently under the care of a physician for any illness or injury	☐ Yes ☐ No

Specify

Past or present treatment for a nervous or mental health issue	☐ Yes ☐ No
Past hospitalization for a nervous or mental health issue	☐ Yes ☐ No

Explain any items checked Yes	

Current medications and related conditions	

Name		**DOB**	
Social Security Number	- -		

Physical exercise	☐ Yes ☐ No
If Yes, specify type and amount	
Smoking (past or present)	☐ Yes ☐ No Length of time and # per day
Alcohol consumption	☐ Yes ☐ No If Yes, specify amount per day/week
Illegal drug use (past or present)	☐ Yes ☐ No If Yes, specify
Allergies (drug, food, insects, etc.	☐ Yes ☐ No If Yes, specify

Rejected for or discharged from military service for physical or mental conditions If Yes, specify	☐ Yes ☐ No

Past or present disability injuries	☐ Yes ☐ No
If yes, specify dates, injury and time off involved	

Past or pending Workers' Compensation claims	☐ Yes ☐ No
If Yes, specify dates, injury and time off involved	

Are you able to perform the following activities: standing, walking, running, lifting, carrying, balancing, climbing, stooping, and reaching? ☐ Yes ☐ No
If No, explain
Requests for reasonable accommodations
Additional information

I understand that the duties of security personnel at the Tennessee Department of Children's Services requires physical exertion involving prolonged standing, walking, running, lifting, carrying, balancing, climbing, stooping, reaching, participating in the return of escapees, and may involve unusual mental or physical stress.

_____ _____

Signature *Date*

Physical Exam by Health Care Provider

Name						**DOB**	
Social Security Number	- -						
Height		Weight				BMI	
Temperature		Pulse		Respirations		B/P	
Vision: Right	20/	Left	20/	Contacts/corrective lenses	☐ Yes ☐ No		
Hearing: Right	☐ Pass ☐ Fail			Left	☐ Pass ☐ Fail		
Urinalysis results							
Blood Glucose results							
TB (PPD) date/results		If TB positive Chest Xray results					

	Normal	**Abnormal**	**Describe abnormal findings**
General appearance	☐	☐	
Ears, Nose & Throat	☐	☐	
Neck, Lymph nodes	☐	☐	
Lungs/Chest	☐	☐	
Heart/Circulatory	☐	☐	
Abdomen	☐	☐	
Musculoskeletal	☐	☐	
Spine/Back	☐	☐	
Neurological	☐	☐	
Pain acute or chronic	No ☐	Yes ☐	

The result of the medical examination is as follows:

☐ Employee is able to perform the essential functions of the job

☐ Employee is conditionally qualified; follow-up is needed to address the following conditions:

☐ Employee is able to perform the essential functions of the job with these accommodations:

☐ Employee is not able to perform the essential functions of the job with or without accommodations.

Specific duties the employee is unable to perform:

Employee reason(s) why he/she cannot/could not perform these duties:

Examining Provider Signature *Date*

Print name and address