

Procedure: 4.6.1p

Medical and Physical Examination Program

Revised: March 10, 2020; January 18, 2017; July 26, 2016; May 17, 2016; October 1, 2001
Last Reviewed: March 10, 2020
Adopted: October 1, 2001



I. PURPOSE:

The Medical and Physical Examination Program (MAPEP) has been developed to:

1. Ensure that prospective employees are physically capable of carrying out the duties of the job;
2. Protect prospective employees from possible harm associated with employment, which may occur due to pre-existing physical conditions;
3. Protect the state from potential liability under workers' compensation laws for conditions arising after employment, but caused in whole or part by pre-existing physical conditions;
4. Other related reasons.

II. RELATED AUTHORITY:

Attorney General Opinion 81-23 – Legislative Intent of O.C.G.A. § 45-2-40
O.C.G.A. § 20-4-14 – TCSG Powers and Duties
O.C.G.A. § 45-2-40, et seq.
State Personnel Board Rule 478-4-01, et seq.
State Board Policy 4.6.1 Medical and Physical Examination Program
TCSG Procedure 4.1.4p Categories of Employment
TCSG Procedure 4.6.2p Reasonable Accommodations in Employment
TCSG Procedure 4.1.9p Background Investigations

III. APPLICABILITY:

All work units and technical colleges associated with the Technical College System of Georgia.

IV. DEFINITIONS:

- A. **Physical Examination:** prospective employees for positions having essential functions that require strenuous physical activity or potentially life-threatening working conditions shall undergo a physical examination following the MAPEP specialized medical guidelines as a condition of employment. NOTE: these examinations are generally limited to Category 5 positions.
- B. **Prospective Employee:** any person, other than the TCSG Commissioner, who has been offered employment and who will work thirty (30) hours per week and whose employment shall not be short-term, temporary, contingent, intermittent, part-time or (of a) student nature.

- C. **(Qualified) Medical Practitioner;** any medically trained person who is licensed to assess the medical and physical condition of a prospective employee, e.g., a licensed physician.
- D. **Self-Assessment:** pertains to positions that require only general health conditions/standards and the prospective employee assesses himself/herself by completing a questionnaire or statement form.
- E. **TCSG Work Unit:** the TCSG System Office, Quick Start Headquarters, Quick Start Regional Office or training center, or an associated technical college.

V. ATTACHMENTS:

- 4.6.1p.a1 MAPEP Category for TCSG Jobs (excel Spreadsheet)
- 4.6.1p.a2 Medical History Report Form (MS 10-52)
- 4.6.1p.a3 Memorandum to Examining Physician (MS 10-55)
- 4.6.1p.a4 Medical Examination Report to Employing Agency (MS 10-57)
- 4.6.1p.a5 Specialized Medical Guidelines for Category 5 Positions
- 4.6.1p.a6 Medical Findings Form (MS 10-56)
- 4.6.1p.a7 General Information Form (MS-51-03)

VI. PROCEDURE:

A. MAPEP General Provisions

1. The Medical and Physical Examination Program (MAPEP) has been developed to:
 - a. Ensure that prospective employees are physically capable of carrying out the duties of the job;
 - b. Protect prospective employees from possible harm associated with employment, which may occur due to pre-existing physical condition(s);
 - c. Protect the State from potential liability under worker's compensation laws for condition(s) arising after employment, but which are caused in whole or in part by pre-existing condition(s); and,
 - d. *To provide a consistent, job-related process for determining and applying the medical and physical standards.
2. For purposes of this procedure and pursuant to the TCSG procedure governing Categories of Employment, a prospective employee covered by MAPEP is an individual who has been provided a contingent offer of employment by any TCSG work unit for a full-time, benefits-eligible position which entails a work commitment of thirty (30) hours or more per week.
3. Completion of MAPEP forms and the accompanying review process should be initiated after the selected candidate has been provided a contingent offer of employment and has successfully completed all other identified conditions. NOTE: pursuant to MAPEP guidelines, these activities must be completed before an employee receives his/her first paycheck.
4. Any request for a physical examination for a position not included in Attachment 4.6.1p.a1.as a Category 5 position or any request for additional laboratory testing or physical examination(s) beyond those considered in a routine MAPEP physical examination must be submitted to and approved by the TCSG General Counsel or Legal Services Officer before any prospective employee is required to undergo such testing/examination.
5. Any required physical examination must be completed prior to the date employment begins. All results must be reported to the TCSG work unit within forty (40) calendar days after the employee begins work.

6. All medical information obtained in conjunction with the administration of the Medical and Physical Examination Program and this procedure is confidential and all records will be maintained separately from all other personnel records/documents. Additionally, these records may only be accessed/reviewed by System Office or technical college official(s) when there is a job-related reason to do so or, as required by federal or state law or in conjunction with a judicial proceeding.

B. Job Categories

1. Five (5) job categories have been established in MAPEP for use by all state agencies to include:
 - a. Category 1: Primarily sedentary jobs with little to no physical work or with limited to no unusual working conditions (e.g., desk or office jobs);
 - b. Category 2: Moderate to heavy physical activity and/or consistent exposure to working conditions that may interact with an employee's medical or physical fitness/condition. Physical activity may involve heavy lifting, pushing or pulling, extended climbing, crawling, or bending, exposure to excessive heat or cold, the use of knives or other sharp objects; or, the operation of potentially dangerous equipment e.g., forklifts, arc welders, or power tools.
 - c. Category 3: Positions involving food preparation or the handling of raw consumable animal products;
 - d. Category 4: Health-related positions involving direct contact with or exposure to air-borne pathogens, blood-borne pathogens human body parts or products, or hazardous chemicals or radiation; and,
 - e. Category 5: Strenuous physical activity and/or extreme or potentially life-threatening working conditions requiring a high level of physical capability (e.g., P.O.S.T. certified Campus Police Officers and Campus Police supervisory positions).
2. All TCSG jobs have been assigned to one of five (5) job categories as referenced in Attachment 4.6.1p.a1.
3. The designation of a specific position may differ from others in a given job dependent upon the type and level of medical/fitness screening necessary in relation to assigned duties and responsibilities, functional requirements, working conditions and associated environmental concerns (e.g., working in excessive heat, cold, etc.). With respect to a System Office or Quick Start position, this determination may be made by the System Office Director of Human Resources or his/her designee. With respect to a technical college position, this determination may be made by the technical college Director of Human Resources, Vice President of Administration or other college official.

C. Types of Assessment

1. Positions in Job Category 1 – Job Category 4
 - a. Candidates for positions assigned to Category 1 through Category 4 must complete the General Information Form (MS 10-51-03, 4.6.1p.a7). Candidates should only be provided with this form after a contingent offer of employment has been made.
 - b. If, after a review of submitted MAPEP forms, it is determined that the provided information should be reviewed further to determine if the prospective employee can perform the essential functions of the position, all completed forms should be referred to a physician under contract with the System Office or technical college for his/her review.
 - c. If, after a review of submitted MAPEP forms, it is determined that a physical examination is necessary or addition testing is required, the Medical Findings Form (MS

10-56, 4.6.1p.a6), will be provided. Before a prospective employee is notified of the requirement for a physical examination, approval must be obtained from TCSG General Counsel or Director of Legal Services. If approval is obtained, the prospective employee may be referred to a physician under contract with the System Office or technical college or the prospective employee may elect to use a medical practitioner of his/her choosing and at his/her own expense. The necessary forms/materials will be provided to the employee for submission to the medical practitioner.

- d. Unless additional information is provided by the System Office or technical college, the physician will assume that there are no atypical or special job duty demands or other factors affecting job performance.
 - e. Upon completion of the review and/or physical examination, the physician will return the completed medical package to the identified human resources representative and include a determination on the Medical Examination Report to Employing Agency Form (MS 10-57, 4.6.1p.a4).
2. Positions in Job Category 5
 - a. Candidates for positions assigned to Category 5 must complete the General Information Form (MS 10-51-03, 4.6.1p.a7), and the Medical History Report Form (MS 10-52, 4.6.1p.a2). Candidates should only be provided with this form after a contingent offer of employment has been made.
 - b. The technical college Office of Human Resources will provide the prospective employee with all necessary forms and materials to submit to the medical practitioner conducting the physical examination. Included will be a copy of the completed General Information Form (MS 10-51-03, 4.6.1p.a7), any additional tests requested identified on the Medical Findings Form (MS 10-56, 4.6.1p.a6), a copy of the completed Medical History Report Form (MS 10-52, 4.6.1p.a2), a copy of the Specialized Medical Guidelines for Category 5 Positions (4.6.1p.a5), as well as a Memorandum to Examining Physicians (MS 10-55, 4.6.1p.a3).
 - c. Upon completion of the examination, the physician will return the completed medical package to the identified human resources representative and include a determination on the Medical Examination Report to Employing Agency Form (MS 10-57, 4.6.1p.a4).

D. Additional Examination/Screening Requirements

1. As provided in the TCSG Procedure governing Background Investigations (4.1.9p.), the recommended candidate for a full-time, P.O.S.T. certified law enforcement position serving in a technical college's police department shall be required to successfully complete a psychological screening as a condition of employment provided the technical college's written selection process mandates this requirement.
2. Other than as noted in this paragraph, any System Office or technical college recommendation that a prospective employee undergo a psychological screening as a condition of employment must be based on the essential functions of the position in conjunction with the results of all MAPEP initiated assessment(s)/examination(s). No prospective employee may be directed to undergo a psychological screening unless approval is first obtained from the TCSG General Counsel or Director of Legal Services.
3. Neither MAPEP guidelines nor the provisions of this procedure prevents a technical college from requesting a further medical assessment when the assessment is for accreditation purposes.

E. Choice of Medical Practitioner

1. A prospective employee required to undergo a physical examination may either report to a medical practitioner designated by the System Office or technical college or to a qualified medical practitioner of his/her choosing.
2. There is no cost to a prospective employee for a required physical examination conducted by a medical practitioner designated by the System Office or a technical college. The prospective employee shall be responsible for the cost of a required physical examination conducted by a qualified medical practitioner not designated by the System.

F. Review and Decision

1. The physical demands of the job and the working conditions under which work is performed shall be compared with the health status of the prospective employee. A determination shall be made regarding the prospective employee's physical capability to perform the essential functions of the job/position.
2. If a medical practitioner (in response to a review of assessment documentation, the results of a physical examination, and/or the findings of additional laboratory testing or examinations) identifies a condition that would hinder a prospective employee from fulfilling the prescribed duties of the job, reasonable accommodation(s) shall be considered pursuant to the provisions of the TCSG procedure governing Reasonable Accommodations in Employment (4.6.2p.).
3. A prospective employee who does not meet the medical, psychological or physical standards of a job, with or without reasonable accommodation(s), may not be employed in that job.

G. Appeal

1. A prospective employee may initiate an appeal contesting any requirement of the Medical and Physical Examination program.
2. Any such appeal must be submitted to the TCSG General Counsel, in writing, within ten (10) calendar days of becoming aware of the requirement.
3. Upon receipt of an appeal, the facts and circumstances contained in the appeal will be reviewed, and a written response will be issued by the TCSG General Counsel or his/her designee to the prospective employee within fifteen (15) business days.
4. The TCSG Office of Legal Services' response is the final agency decision in this matter.
5. A copy of the appeal, any accompanying documentation/materials and, the final decision will be submitted to the Commissioner of the Georgia Department of Administrative Services as stipulated by applicable State Personnel Board Rules.

H. Other Medical Examinations & Inquiries Fitness for Duty Assessments

1. An employee may be directed to undergo a medical examination (i.e., a physical or psychological examination or a fitness-for-duty assessment) and/or provide additional medical documentation in conjunction with: a request for sick leave/family leave; an existing period of leave; a return from a period of paid or unpaid leave or family leave; during a period of employment; or, other designated purpose only in the following circumstances:
 - a. A request for a second opinion associated with a request for family leave. Any such request must follow the guidelines outlined in the TCSG Procedure governing the Family and Medical Leave Act:

- b. A mandatory Employee Assistance Program (EAP) referral initiated in response to documented concerns regarding an employee's deteriorating job performance, behavior/conduct, or pattern of attendance deficiencies/difficulties. The process to initiate a mandatory referral is outlined in TCSG Procedure 4.9.4p. *NOTE: A mandatory referral may only be made with the prior approval of the TCSG General Counsel or his/her designee.*
- c. Pursuant to the provisions of TCSG Procedure 4.6.2p, Reasonable Accommodations in Employment, additional medical documentation may be requested from an applicant's or employee's treating health care provider/professional when the information is needed to make a determination as to whether an applicant or employee has a disability or impairment as defined by the Americans with Disabilities Act (ADA) and this determination cannot be made without this information. Specific guidelines for requesting, managing, and retaining this information are addressed in the referenced procedure.
- d. Before an employee may return to work following a period of family leave, a TCSG work unit may first require a fitness-for-duty certification from the employee's treating health care provider/professional provided the employee was first notified of this requirement in the FMLA Designation Notice. The scope of the certification and additional considerations must be made in accordance with the TCSG procedure and state and federal regulations governing the Family and Medical Leave Act.
- e. After an individual has been hired and started work or has returned to work following a period of family leave, a TCSG work unit can make a disability-related inquiry and/or require a medical examination (at the work unit's expense) under the provisions of the ADA provided there has first been a determination that the inquiry/examination is job-related and consistent with business necessity and approval has been sought and received from the TCSG General Counsel or his/her designee. In these instances, the work unit must have a reasonable belief of the need for an inquiry/examination based on objective evidence that:
 - 1. an employee is unable to perform the essential functions of his/her job because of a medical condition: or,
 - 2. an employee poses a direct threat to himself/herself or others because of a medical condition. *NOTE: after an employee has returned to work after a period of family leave, the FMLA's fitness for duty regulations are no longer applicable; therefore, any subsequently required medical examination, fitness for duty assessment or disability inquiry must follow the guidelines and restrictions imposed by the ADA.*
 - 3. If an employee is unable to return to work in response to the findings of a fitness-for-duty certification/assessment or the results of a medical examination or other disability inquiry, the employee may request a leave of absence, with or without pay, in accordance with TCSG Procedures 4.5.1p., Family and Medical Leave Act, 4.5.2p4., Annual, Sick, and Personal Leave, and 4.5.2p5., Authorized and Contingent Leave without Pay.

VII. RECORD RETENTION:

All employment related documents collected pursuant to this procedure shall be maintained in a manner consistent with the Georgia Archive's Retention Schedule for State Government Paper and Electronic Records as well as accompanying statutory guidelines and State Personnel Board Rules. As provided in Paragraph VI.A.6., all medical information and documentation will be maintained/filed separately from all other personnel records.

Attachment 4.6.1p.a1. (Retitled and Revised May 2016)

MAPEP Category for TCSG Jobs

Job Code	Job Title	Category
11128	Academic Advisor	1
10305	Academic Affairs Coordinator	1
40220	Account Specialist	1
80343	Accountability Data Analyst	1
32690	Accountability Specialist	1
40844	Accountant	1
32697	Accountant, Senior	1
40843	Accounting Director	1
40865	Accounting Manager	1
40842	Accounting Technician	1
41025	Accounts Payable Specialist	1
40230	Accounts Payable Supervisor	1
40229	Accounts Receivable Supervisor	1
10318	Adjunct Faculty Hourly	1
10317	Adjunct Faculty APO	1
61723	Administrative Assistant I	1
61804	Administrative Assistant II	1
61800	Administrative Assistant III	1
61834	Administrative Assistant to VP	1
61911	Administrative Coordinator	1
60187	Administrative Operations Specialist	1
61830	Admissions Assistant	1
11212	Admissions Coordinator	1
11124	Admissions Counselor Recruiter	1
11120	Admissions Director	1
11002	Adult Education Coordinator	1
10214	Adult Education Teacher	1
TBD	Apprenticeship Specialist	1
11116	Assessment Specialist	1
30116	Assistant Athletic Coach	2
32692	Assistant to the Commissioner	1
30115	Athletic Coach	2
10610	Audio Visual IT Specialist	1
41010	Auditor	1
61829	Bookstore Assistant	1
61828	Bookstore Manager	1
10110	Budget Analyst	1
10055	Business & Industry Services Specialist	1
10070	Business Analyst	1
11121	Campus Life Director	1
7428	Campus Police Chief	5
7426	Campus Police Chief Assistant	5
7427	Campus Police Officer	5
TBD	Campus Police Sergeant	5

11118	Career Advisor	1
11123	Career Plcement and Development Director	1
11119	Career Transactions Facilitator	1
61825	Cashier	1
32695	Chief Academic Officer	1
10611	Chief Information Officer	1
32691	Chief Operating Officer	1
10311	Child Enrichment Center Director	1
10211	Child Enrichment Center Worker	2, 3*
61826	Clerk Duplication	1
61805	Clerk Operations	1
15301	Commissioner	1
15300	Commissioner, Assistant	1
15302	Commissioner, Deputy	1
11209	Community Relations Director	1
11208	Conference Coordinator	1
11210	Continuing Education Director	1
11213	Coordinator	1
60814	Copy Center Coordinator	1
11122	Counseling & Special Services Director	1
31936	Courier	1
10313	Curriculum Program Specialist	1
30932	Custodian	2
10062	Customer Care Representative	1
80320	Data Analyst	1
80337	Data Center Manager	1
61831	Data Entry Specialist	1
80523	Data Management Assistant	1
80520	Database Administrator	1
11407	Dean for Academic Affairs	1
10036	Dean, Associate	1
10103	Dean, Adult Education	1
10615	Desktop Publisher	1
10616	Desktop Publisher/Illustrator	1
10056	Director	1
10049	Director, Assistant	1
10612	Distance Education Specialist	1
11410	Division Chair	1
32702	Driver's Education Instructor	1
10617	Editor Associate	1
10603	Educational Technology Coordinator	1
32693	Executive Assistant to the Commissioner	1
61827	Executive Assistant to the President	1
15304	Executive Director	1
61766	Executive Director, Administrative Services	1
11214	Executive Director, Economic Dev Program	1
95036	Executive Director, Legal Services	1

32694	Executive Director, Senior	1
30082	Facilities Director	2
30089	Facilities Project Manager I	1
30090	Facilities Project Manager II	1
16120	Faculty Credentials Specialist	1
60130	Federal Work Study	1
10312	Financial Aid Coordinator	1
10515	Financial Aid Director	1
10514	Financial Aid Specialist	1
10511	Financial Aid Technician	1
41014	Fiscal Analyst	1
50336	Food Service Employee	3
50337	Food Service Manager	3
11314	GED Chief Examiner	1
11315	GED Examiner	1
11313	GED Testing Assistant	1
41156	Grants & Contracts Coordinator	1
10517	Grants Coordinator	1
60517	Graphic Designer	1
60518	Graphic Designer, Senior	1
30520	Groundskeeper	2
80737	Help Desk Coordinator	1,2*
10314	High School Coordinator	1
16119	Human Resources Coordinator	1
6008	Human Resources Director	1
16139	Human Resources Officer	1
16137	Human Resources Technician	1
80234	Information System Administrator	1
80832	Information Technology Director	1
30081	Institution Safety Manager	2
10913	Institution Support Coordinator	1
11221	Institutional Advancement Director	1
10047	Institutional Effectiveness Coordinator	1
10048	Institutional Effectiveness Director	1
10912	Institutional Effectiveness Specialist	1
10218	Instructional Aide	1
10217	Instructional Design Specialist	1
10215	Instructor - Child Enrichment Center	2
10606	Instructor - Computer Technology	2
10212	Instructor - Continuing Education	1
10213	Instructor - General Core	1
11413	Instructor - Technical	1,2,3,4*
11006	Interpreter - Sign Language	1
31118	Inventory Management Specialist	2
32701	Laboratory Assistant	1,2,3,4*
68885	Legal Services Officer	1
10709	Librarian	1

10706	Library Assistant	1
10713	Library Services Director	1
30717	Maintenance Supervisor	2
30518	Maintenance Technician	2
10058	Manager	1
10060	Marketing Assistant	1
10053	Marketing Specialist	1
30317	Media Specialist	1
10608	Multimedia Developer, Senior	1
10312	Operations Director - Evening	1
16140	Payroll Specialist	1
40211	Payroll Technician	1
15303	President	1
31760	Procurement Services Officer	1
31761	Procurement Services Specialist	1
61767	Program Specialist	1
11415	Programmer Analyst	1
61774	Project Assistant	1
60770	Project Manager	1
60760	Project Specialist	1
31119	Property Accountant Specialist	1
10067	Provost	1
10068	Provost, Associate	1
60980	Public Relations & Information Director	1
31788	Purchasing Coordinator	1
31782	Purchasing Director	1
31790	Purchasing Manager	1
31772	Purchasing Technician	1
31117	Receiving and Distribution Manager	2
60825	Receptionist	1
10043	Registrar	1
10040	Registrar, Assistant	1
10057	Registrar, Office Assistant	1
80535	Research Analyst	1
80530	Research Assistant	1
10052	Satellite Operations Director	1
7425	Security Chief	2
7419	Security Officer	2
31120	Shipping & Receiving Technician	2
81031	Software Application Specialist	1
11110	Special Services Coordinator	1
61771	State Board Operations Director	1
61832	Student Affairs Assistant	1
11130	Student Affairs Coordinator	1
10106	Student Affairs Director	1
11127	Student Affairs Specialist	1
10530	Student Navigator	1

81055	Systems Administrator	1
10305	Technical Education Program Coordinator	1
10609	Technical Illustrator	1
10044	Technical Prep Coordinator	1
80458	Technical Support Specialist	1
80037	Technology Support Specialist	1
11316	Testing Specialist	1
10605	Training and Communications Specialist	1
10035	Training Coordinator	1
10034	Training Specialist	1
15501	Transportation Services Driver	1,2*
11126	Tutor	1
10069	Vice President	1
10010	Vice President ,Assistant	1
61078	Vice President, Community & College Relations	1
10050	Vice President for Academic Affairs	1
10104	Vice President for Economic Develoment	1
10059	Vice President for Institutional Advancement	1
32703	Vice President for Institutional Effectiveness	1
11125	Vice President for Student Affairs	1
61912	Vice President of Administrative Services	1
10046	Vice President - Satellite Operations	1
80856	Vice President of Technology	1
80847	Web Developer	1
80835	Web Manager	1
10045	WIA Coordinator	1
10310	Youth Services Counselor	1

* A review of the position's duties and responsibilities is needed to determine the proper Category as assigned duties may vary from position to position.

STATE OF GEORGIA Name _____ Soc. Sec. No. _____ - _____ - _____
MEDICAL AND PHYSICAL Job Title _____ Department _____
EXAMINATION PROGRAM
MEDICAL HISTORY REPORT Job Category (circle one) 1 2 3 4 5

The purpose of these questions is to gather information concerning your health and physical condition, both now and in the past. This information will be used only to determine whether you can safely perform the duties of the job for which you are being considered. Please answer all of the following questions as fully and completely as you can. If you don't understand a question, or are unsure of how to answer it, leave it blank and request assistance.

I certify under penalty of perjury, that the information given by me is true to the best of my knowledge and belief. I agree and understand that any misstatements of material facts may cause forfeiture on my part of all right to employment in the service of the State of Georgia, may result in dismissal after appointment; or may result in loss of entitlement to disability retirement benefits. My signature also indicates that I understand all of the questions on this medical history form.

EMPLOYEES' SIGNATURE: _____ DATE: _____

Individual History – To Be Completed By Applicant/Employee (Use Ink)

A. MEDICAL CONDITIONS. Check every item. Do you have or have you ever had any of the following: (If "Yes," give date of most recent occurrence and explain on page 3.)

Health Condition	Yes	Year	No
HEAD, NOSE, MOUTH AND THROAT			
1. Persistent or severe headaches			
2. Frequent nose bleeds			
3. Frequent nasal congestion			
4. Persistent or severe sinus condition			
5. Bleeding gums			
6. Persistent or severe dental condition			
7. Hoarse when don't have cold			
8. Difficulty swallowing			
9. Persistent sore throat			
10. Loss of taste or smell			
11. Head injury			
12. Other head, nose, mouth or throat conditions:			
EARS AND HEARING			
13. Hearing difficulties			
14. Use hearing aid			
15. Ringing in ears (tinnitus)			
16. Perforated ear drum			
17. Persistent or severe ear infection			
18. Other ear or hearing conditions			
EYES AND VISION			
19. Glaucoma			
20. Cataract			
21. Eye irritations (itching or burning)			
22. Eye infection			
23. Defective vision			
24. Color blindness			
25. Injury to eye			
26. Eye surgery			
27. Double vision			

Health Condition	Yes	Year	No
28. Glasses			
29. Contact lenses			
RESPIRATORY SYSTEM (lungs & breathing)			
30. Persistent or severe colds			
31. Persistent or severe cough			
32. Coughing blood			
33. Asthma or breathing difficulty			
34. Emphysema			
35. Pneumonia			
36. Tuberculosis			
37. Other lung or breathing condition:			
CARDIOVASCULAR SYSTEM (heart & blood vessels)			
39. Heart attack			
39. Hardening of the arteries (Arteriosclerosis)			
40. High or low blood pressure			
41. Heart murmur			
42. Palpitations or irregular heart beat			
43. Episodes of chest pains, tightness, discomfort			
44. Shortness of breath			
45. Varicose veins			
46. Swelling of ankles, feet or legs (edema)			
47. Leg pains, cramps			
48. Other cardiac conditions:			
GASTROINTESTINAL SYSTEM (stomach & intestines)			
49. Persistent or severe nausea or indigestion			
50. Persistent or severe stomach pain			
51. Vomiting blood			
52. Persistent or severe vomiting			
53. Hernia (rupture)			
54. Stomach or duodenal ulcer			

<i>Health Condition</i>	<i>Yes</i>	<i>Year</i>	<i>No</i>	<i>Health Condition</i>	<i>Yes</i>	<i>Year</i>	<i>No</i>
55. Colitis				99. Trick or locked knee			
56. Hemorrhoids or piles				100. Knee surgery			
57. Change in bowel habits				101. Foot problems			
58. Black stool or blood in stool				102. Bone infection			
59. Persistent or severe constipation				103. Broken or fractured bone			
60. Persistent or severe diarrhea				104. Persistent or severe muscle aches or pains			
61. Pancreatitis				105. Other Musculoskeletal conditions:			
62. Appendicitis				ENDOCRINE/METABOLIC SYSTEM			
63. Other conditions of stomach or intestines				106. Diabetes			
LIVER, SPLEEN & GALLBLADDER				107. Thyroid condition or disease			
64. Cirrhosis				108. Hypoglycemia			
65. Hepatitis				109. Unexplained weight gain or loss			
66. Yellow jaundice				110. Unusual loss or growth of body hair			
67. Gallstones				111. Gout			
68. Other conditions of liver, spleen or gallbladder				112. Osteoporosis or other bone disease			
KIDNEYS & URINARY TRACT				SKIN			
69. Kidney stones				113. Rash			
70. Kidney infection				114. Hives			
71. Blood or pus in urine				115. Moles that bleed or get larger			
72. Pain or burning when urinating				116. Change in color of skin (other than suntan)			
73. Frequent urination				117. Frequent boils/abscesses			
74. Albumen or protein in urine				118. Trouble with fingernails			
75. Prostate condition				119. Small itching blisters on the side of fingers or palms			
76. Burning discharge from penis				120. Sores that do not heal			
77. Other conditions of kidneys or urinary tract				121. Other skin conditions:			
REPRODUCTIVE SYSTEM (FEMALES ONLY)				BLOOD/LYMPH (hematologic) SYSTEMS			
78. Pregnant at present				122. Anemia			
NEUROLOGICAL (Nervous) SYSTEM				123. Bleeding disorder			
79. Epilepsy, convulsions, seizures				124. Sickle cell disease or trait			
80. Periods of blackouts/loss of consciousness				125. Phlebitis/blood clot			
81. Fainting spells				126. Blood transfusion			
82. Dizzy spells (vertigo)				127. Chills, fever, night sweats			
83. Memory difficulty				128. Lymph node or glandular swelling that persists			
84. Tremor of the hands or head				129. Other conditions of blood or lymph:			
85. Paralysis of any type				CANCER			
86. Stroke				130. Surgery			
87. Severe numbness, tingling or weakness				131. Radiation therapy			
88. Dyslexia/learning difficulty				132. Chemotherapy			
89. Other conditions of neurological (nervous) system:				133. Immunotherapy			
MUSCULOSKELETAL SYSTEM				134. Hormone therapy			
90. Arthritis				135. Breast			
91. Bursitis/tendonitis				136. Bone			
92. Swollen or painful joints				137. Skin			
93. Dislocations				138. Other			
94. Painful or trick shoulder				PSYCHOLOGICAL/MOOD			
95. Elbow problems				139. mental problem requiring hospitalization			
96. Wrist or hand problems				140. Suicidal/attempted suicide			
97. Back pain				141. Active psychosis			
98. Back surgery				142. Drug, narcotic or alcohol			

Health Condition	Yes	Year	No	Health Condition	Yes	Year	No
143. Persistent or severe depression/worry				ALLERGIES (caused by)			
144. Other psychological conditions:				152. Medication			
INFECTIOUS OR CHILDHOOD DISEASES				147. Rheumatic fever			
Meningitis/encephalitis				153. Food			
146. Polio				154. Soaps or detergents			
148. Mumps				155. Pollen			
149. Measles				156. Insect bites/scales			
150. Venereal Disease				157. Other:			
151. Other:							

Explanation of items checked "Yes." Enter item number (1-157) before each comment.

B. CURRENT MEDICATIONS: _____

C. SURGICAL HISTORY

Have you ever had surgery? Yes No

[If "Yes, complete the following information about each surgery]

TYPE OF SURGERY	DATE (Mo/Yr)
1. _____	_____
2. _____	_____

D. HOSPITALIZATION HISTORY

Have you ever been hospitalized? Yes No

[If "Yes," complete the following information about each hospitalization.]

REASON FOR HOSPITALIZATION	DATE (Mo/Yr)
1. _____	_____
2. _____	_____
3. _____	_____

MEMORANDUM

TO: The Examining Physician

FROM: State Personnel Board and

(Name of Agency)

DATE:

SUBJECT: Medical and Physical Examination Program (MAPEP)

We earnestly solicit your assistance in completing a medical and physical examination on the bearer.

Medical and physical examinations are of invaluable aid to both the employer and the employee in matching the physical and working environment demands of the job with the physical and mental capacities of the job candidate. From a health conservation standpoint, this type of pre-placement examination program is most effective when aimed at the prevention of occupational disease and injury at work.

The results of the examination should be reported on the enclosed MAPEP "Medical Findings" form (MS 10-56). All items should be completed by the examining physician except for tests listed in the "Additional Tests Requested" box at the top of the form. Those items are to be completed when the employing department has indicated that these tests are needed or if indicated as follow-up to a potential medical condition identified in the physical examination.

Please read the general and specialized standards provided. These standards identify certain assessments that should receive close attention during the physical examination.

Accompanying this memorandum and the "Medical Findings" form should be several information items and completed forms, including those indicated below:

General Information (MS 10-50)

General Medical Guidelines

Description of Job Duties

Specialized Medical Guidelines

Medical History Report (MS 10-52)

Other _____

Attached to the "General Information" form (MS 10-50) should be information on the duties and responsibilities of the job for which the bearer is being hired. This information and other job information on form (MS 10-50) – specifically, responses to items A. 13-15 and B. 3-8 – should be carefully considered in providing your assessment of the medical implication of bearer's health history and physical condition for the job duty assignment. (To assist your understanding of item #A.13, a more detailed discussion of the job category description is provided below.)

The results of the examination may be reviewed by a medical practitioner selected by the department or under contract with the state. The responsibility for the final decision on bearer's employability in the specified positions rests with the employing department. If further examinations are indicated, the applicant will be notified.

After the examination has been completed, please return all medical materials to the address and employer representative identified at the bottom of page 2 of the "Medical Findings" form. All forms and materials are to be sent together, the bearer should not retain any of the documents

JOB CATEGORIES

Category 1:	Primarily sedentary, light physical work with limited to no unusual working conditions (e.g., SS:Secretary, MG1:Business Operations, PS:Human Resource Specialist)
Category 2:	Moderate to heavy physical activity and/or moderate to high interface with working conditions of potential concern for certain health conditions (e.g., SS:Supply/Inv/Warehse Wkr, SS:Housekeeper, TS:Engineering Tech, SS:Mechanic)
Category 3:	Positions involving food preparation or the handling of raw consumable animal products (e.g., SS:Food Svc Operation Wkr, TS: Plant Operator, TS:Agriculture Inspector)
Category 4:	Health-related positions involving direct contact with or exposure to air- borne pathogens (e.g., TB), blood-borne pathogens (e.g., HIV, viral hepatitis), human body parts or products, or hazardous chemicals or radiation (e.g., PS:Registered Nurse, some PS:Chem/Mat/Analys Spec, SS:Health Aide, TS:Radiologist, TS:Dental Hygienist)
Category 5:	Strenuous physical activity and/or extreme or potentially life-threatening working conditions requiring a high level of physical capability (e.g. PS:State Patrol, TS:Public Safety Cadet, PS: Special Investigative Agent, PS:Corrections Officer, PS:Firefight & Prevent Spec, PS:Conservation/Wildlife Ranger, PS: Compliance Investigator)

NOTE: Unless otherwise indicated, expense for all examinations is to be paid by the prospective employee.

MEDICAL EXAMINATION
REPORT TO EMPLOYING AGENCY

MEMORANDUM

TO: _____
(Employing Agency)

(Address)

FROM: _____
(Name)

(Address)

(Address)

In reviewing the medical information/examination of _____, for a _____
(Name of Applicant)
position and performed on _____ by _____, M.D., of _____,
(Date) (Name) (Address)

the physical demands of the position and the working conditions under which work is performed as approved by the State Personnel Board and described in the procedure manual, have been compared with the health status of said prospective employee and the following report is submitted for your consideration:

1. Physically capable to meet the demands of position with:

- a) No limitations ()
- b) Moderate limitations (not to be transferred to another position without review of medical records). ()

2. Recommend further examinations: _____

Remarks:

3. Does not meet the physical standards of the position: _____

4. Incomplete or inadequate information: _____

Date: _____

(Reviewing Physician) M.D.

Last Reviewed: March, 22, 2019

[Attachment: 4.6.1p.a5.]



State of Georgia
Manual for Medical and Physical Examination Program (MAPEP)
SPECIALIZED MEDICAL GUIDELINES- Category 5 Positions

Candidates for "Category 5" positions must meet the requirements set forth in the General Medical Guidelines plus the following specific physical standards.

- A. General:** Height and weight should not be such as to interfere with specific job activities.
- B. Vision:** **1) Distant vision** – minimum vision of 20/40 in each eye, corrected (with glasses or contact lenses) and at least 20/100 in each eye uncorrected (without glasses or contacts). **2) Near vision** – minimum of 20/40, corrected or uncorrected in each eye. **3) Adequate depth perception** and the ability to distinguish colors. **4) Peripheral vision** – at least 70 degrees in each eye.
- C. Hearing:** Hearing loss no greater than 24 dB (decibels) for the average of frequencies 500Hz, 1000Hz, 2000Hz, and 3000 Hz in the better ear, unaided (without a hearing aid) or aided (with a hearing aid).

"Normal hearing" is a hearing loss no greater than 24 dB at 250 Hz, 500 Hz, 1000 Hz, 2000 Hz, 3000 Hz, 4000 Hz, 6000 Hz, and 8000 Hz in both the right and left ears, unaided.

- An Otoscopic examination is required prior to the air conduction audiogram.
- A complete pure tone or warble tone air conduction audiogram is required and results recorded for all candidates. **The audiogram must be completed at all frequencies listed on Form MS 10-56 on both the right and left ears.** The pure tone air conduction audiogram is to be used as the baseline audiogram.
 - If the testing indicates air conduction thresholds to be within the stated hearing guidelines for employment, no further hearing testing is necessary. However, if any single air conduction threshold is obtained outside the normal, 0-24dB ranges; i.e., if hearing is not within "normal limits" the results of the test are explained to the candidate and the recommendation is made to obtain a complete audiological evaluation at the individual's expense for his/her own hearing healthcare benefits.
 - If the testing indicates air conduction thresholds to be outside the stated hearing guidelines for employment, the results of the test are explained to the

candidate and a complete audiological evaluation is recommended at the individual's expense for his/her own hearing healthcare benefit.

- In addition to the pure tone air conduction testing, warble sound field testing is required and the results must be recorded for all candidates who wear a hearing aid and do not meet the guidelines on the air conduction test, to verify if an individual meets the guideline for employment with the use of a hearing aid. If the site does not have the personnel or equipment to satisfy this requirement, then a referral is indicated.
- A qualified individual should administer the audiometric testing and perform the otoscopic examination. Qualified individuals include licensed audiologists, otolaryngologists, physicians trained in hearing conservation, technicians who are certified by the Council for Accreditation of Occupational Hearing Conservation, or technicians trained by such a physician. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist, or physician.
- All tests should be performed in an acoustic environment to meet the current ANSI standards.
- All audiometric equipment should be calibrated annually to meet current ANSI standards.

- D. ENT:** There should be adequately free nasal breathing. The mouth should be free from deformities or conditions that interfere significantly with distinct speech.
- E. Cardiovascular:** Rheumatic and congenital heart disease should be thoroughly evaluated by the examining physician and commented on in the examination report. Atherosclerotic (arteriosclerotic) heart disease, myocardial infarction, coronary insufficiency, angina pectoris, and hypertension above 140/90 must be evaluated on an individual basis and must not be of sufficient severity to interfere with the performance of all duties.
- F. Respiratory:** Free of infectious diseases or other pulmonary processes that would interfere with the physical demands of the position.
- G. Gastrointestinal:** Must be free of any major pathological conditions that will interfere with the performance of physical requirements of the positions.
- H. Rectum and Anus:** Major hemorrhoidal conditions and symptomatic pilonidal cysts must not be of sufficient severity to interfere with the job.
- I. Hernia:** Hernia (E) which might interfere with the performance of duty would require surgical repair with clearance from operating surgeon, prior to employment.
- J. Genital/Urinary:** Large varicocele or hydrocele, which might interfere with the performance of duties, should be repaired with clearance from operating surgeon prior to employment.

- K. Back and Neck:** History of significant injury deformity, surgical procedure or other spinal pathology should be thoroughly evaluated by the examining physician and commented on in the examination report.
- L. Extremities:** * If a prosthesis or orthosis is used, such prosthesis or orthosis must not interfere with the performance of duty. 1) Upper Extremities – both hands must have at least the index, middle, and one other finger and must not interfere with the performance of duty; both thumbs must be functional; or, see (*) above. 2) Lower Extremities – both lower extremities must be free from limitation of any joint motion which would interfere with the performance of duties; both great toes must be functionally normal; or, see (*) above.
- M. Nervous System:** Central and peripheral nervous system disorders must be evaluated by the medical examiner. Applicants with seizures must be thoroughly evaluated by the examining physician and all findings included in the examination report. Special attention must be given to any history of seizure activity.
- N. Emotional Stability:** Any history of significant emotional instability or mental illness should be thoroughly evaluated by the examining physician and commented on in the examination report.
- O. Laboratory Analysis:** The following tests are not required unless medical history or physical examination results indicate that such test(s) are needed to adequately assess the applicant's physical status: 1. Urinalysis (Multi-Test Stick): Abnormalities in the sugar and albumin tests must be evaluated further. If Glucose Tolerance Test and if albuminuria, must have the cause identified; 2. Hemoglobin or Hematocrit; 3. Chest x-ray; and, 4. Resting Electrocardiogram

RELATED AUTHORITY:

State of Georgia Manual for MAPEP

Revised: May 22, 1997; December 17, 1997; October 15, 2004; February 15, 2005; July 1, 2012

Approved: February 24, 1994;

**MEDICAL AND PHYSICAL EXAMINATION PROGRAM
(MAPEP)**

Health Information Checklist

This checklist contains questions regarding your medical history and health. The primary use of this information will be to alert the employer and applicant of conditions that could negatively impact the health of customers or co-workers. This information may be used to determine fitness to perform job duties. This information will be handled in a confidential manner. It is essential that you answer all questions truthfully and completely. False or incomplete information may result in disqualification or termination if hired.

Completed by Applicant/Employee

(Type or Print in Ink)

Section I

Date: _____			
Employee Name: _____		Social Security Number _____ - _____ - _____	
Last,	First	Middle	
Employing Agency: _____		Date Employed: _____	

Section II

Have you now, or ever had the following?	Yes	No	Yes	No
1. Loss of sight of both eyes. Loss of uncorrected (without glasses or contact lens) vision of more than 75% bilaterally (vision of 20/160 or J* or worse using both eyes).			14. Psychoneurotic disability following confinement for treatment in a recognized medical or mental hospital for a period in excess of six months.	
2. Diabetes			15. Hemophilia	
3. Tuberculosis			16. Sickle cell anemia	
4. Epilepsy (convulsions, seizures or fits)			17. Cardiovascular (heart or blood vessel) disease	
5. Ankylosis (immobility) of major weight bearing joints (ankles, knee, hip)			18. Total occupational loss of hearing (loss of over half of hearing in each ear)	
6. Any permanent condition which causes 20% (or more) impairment of a foot, leg, hand, arm, back, or the body as a whole			19. Compressed air sequelae (damage to lungs, ruptured ear drum, etc. e to air concussion, blasting, explosion, etc.)	
7. Arthritis which is a hindrance to employment			20. Muscular dystrophy	
9. Amputated (loss of) foot, leg, arm, or hand			21. Hyperinsulinism (hypoglycemia)	
10. Parkinson's disease (Paralysis Agitans)			22. Residual disability from poliomyelitis (Disability due to polio)	
11. Cerebral palsy			23. Ruptured intervertebral (back) disc	
12. Multiple sclerosis			23. Chronic osteomyelitis (bone infection)	
13. Mental retardation (intelligence quotient within the lowest two percent of the general population)			24. Hepatitis	

REMARKS: _____

 Signature of Employee

 Date

ADDITIONAL TEST(S) REQUESTED
Urinalysis
Pulmonary Function
Tuberculin Skin Test (TST)
EKG/Resting
EKG/Stress
Hemoglobin/Hematocrit
Chest X-Ray
Back X-Ray
Other Tests

STATE OF GEORGIA
MEDICAL AND PHYSICAL
EXAMINATION PROGRAM

Medical Findings

NOTE TO EXAMINING PHYSICIAN

The person you are about to examine is being evaluated for the position described in job materials provided. In conducting your exam and reporting your findings and conclusions, take the job duty data into consideration.

ALL FIELDS IN THIS FORM MUST BE FILLED IN OR THE REVIEWING PHYSICIAN WILL RETURN THE FORM TO YOU.

1. Examinee's Name	2. SSN	3. Height (Feet, Inches)	4. Weight (pounds)
--------------------	--------	--------------------------	--------------------

5. Vision Evaluation

Depth Perception	Within Normal Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Peripheral Vision Right Eye _____ Left Eye _____
Distant Vision		Near Vision
a. Without Glasses	<input type="checkbox"/> Right 20/ _____ Left 20/ _____	b. Without Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____
c. With Glasses	<input type="checkbox"/> Right 20/ _____ Left 20/ _____	d. With Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____
e. Is color vision normal when Ishihara or other color plate test is used? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. If the answer is "No", can applicant pass lantern or other compatible? <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Hearing Evaluation

a. OTOSCOPIC EXAMINATION: Right Ear _____ Left Ear _____

b. PURE TONE AIR CONDUCTION TEST RESULTS: (This section is to be used for all pre employment air conduction hearing testing.)

Right Ear								Left Ear							
250	500	1000	2000	3000	4000	6000	8000	250	500	1000	2000	3000	4000	6000	8000

c. SOUND FIELD PURE TONE/WARBLE TONE TEST RESULTS: (This section is to be used in conjunction with the pure tone air conduction testing section for all individuals with hearing aids who do not meet the guidelines on the air conduction test.)

	250	500	1000	2000	3000	4000	6000	8000
Sound Field Test								

If individual meets the stated hearing guideline, no further hearing testing is necessary for the purpose of employment. *However, if any single air conduction threshold is obtained outside the normal, 0-24dB range, the results of the test must be explained to the candidate and the recommendation made to obtain a complete audiological evaluation at the individual's expense.*

d. AUDIOMETER SERIAL #: _____ e. DATE OF CALIBRATION: _____

f. **MEETS HEARING GUIDELINES:** Yes No

RESTRICTED/MEDICAL

7. Blood Pressure/Pulse		
a. Systolic/diastolic	b. Two additional Readings if elevated	c. Pulse

8. Physical Examination			
Clinical Evaluation	Normal	Abnormal	Remarks
a. Head, face, neck, and scalp			
b. Nose			
c. Mouth and Throat			
d. Ears			
e. Eyes			
f. Ophthalmoscopic			
g. Ocular motility			
h. Lungs and Chest (Breast, if indicated)			
I Heart			
j. Vascular system (Varicosities, etc.)			
k. Abdomen			
l. Anus and rectum (If indicated)			
m. Endocrine system			
n. Hernia (Any type)			
o. Upper extremities			
p. Feet			
q. Lower extremities			
r. Spine			
s. Identifying body marks, scars			
t. Skin, lymphatics			
u. Neurological			
v. Mental status			

9. Allergies

1.	3.
2.	4.

10. Surgery

Type of Surgery	Date (Mo/Yr)
1.	
2.	
3.	
4.	

RESTRICTED/MEDICAL

11. Comments/Implications for Fitness for Duty

--

12. Physician Signature and Address

a. Physician's Name (Type or Print)	b. Physician Telephone	c. Address
d. Signature	e. Date	

13. Employer Name and Address

IMPORTANT: Examining Physician -- Return all materials supplied by the prospective employee to the employer address provided.	Return to:
--	------------

In order to comply with "The Genetic Information Nondiscrimination Act of 2008 (GINA), we ask that you NOT provide any genetic information when responding to this request for medical information. This includes family medical history, results of genetic tests, information regarding genetic services, and genetic information about an individual's or family members' fetus or embryo.

GENERAL INFORMATION

MEDICAL AND PHYSICAL EXAMINATION PROGRAM
(MAPEP)

Inquiry Authority/Use Statement

The collection of this information is authorized by O.C.G.A. 45-2-40. This information will be used to determine fitness for duty and to provide protection to employees from potential harmful effects associated with this employment. Unless otherwise stated, this information may be disclosed to the hiring agency, State agencies responsible for State benefits and workers' compensation programs, and, where pertinent, to an appropriate law enforcement agency for investigation for prosecutive purposes or in a legal proceeding to which the hiring agency is a party. As provided by the Americans with disabilities Act of 1990 (Public Law 101-336), this information is to be filed separately from other personnel records and is to be used only for legitimate, non-discriminatory hiring and placement purposes with reasonable accommodation, where appropriate. Completion of this form is voluntary; however, if this information is not provided, the individual may not receive the requested benefits or employment.

A: Completed by Employee

1. Employee Name: _____ Last First Middle	2. _____ - _____ - _____ Social Security Number		
3. Race _____	4. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	5. _____ Date of Birth	6. _____ Daytime Telephone Number
7. Address: _____ _____ _____	8. Position Title: _____	9. Position Number: _____	10. Location of Position: _____
11. Direct Contact for Position Information			
a. Name: _____	f. Dept.: _____		
b. Title: _____	g. Unit: _____		
c. Telephone: _____	h. Address: _____ _____ _____		
d. E-Mail: _____			
e. Fax Number: _____			

12. Have you been provided detailed information on the duties of this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you understand the functional requirements and environmental factors of this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you capable of performing the duties and responsibilities of this position (with reasonable accommodations, if necessary, as described in Section A, Item #17)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>For the following questions, explain a "Yes" answer in the space provided below</i>	
15. Have you ever been employed by the State of Georgia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you had a physical examination for employment with the State of Georgia within the past twelve month period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there anything in your past medical history, of which you have knowledge that would prevent your being able to perform the duties of this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of items 15-17 checked "Yes." Enter item number before each comment.

I certify that all information given by me in connection with this medical assessment is true to the best of my knowledge and belief. I agree and understand that any misstatements of material facts may cause forfeiture on my part of all right to employment in the service of the State of Georgia; may result in dismissal after appointment; or may result in loss of entitlement to disability retirement benefits. My signature also indicates that I understand all of the questions on this form.

20. _____
Signature of Employee

8. _____
Date

B: Completed by Employer

1. Indicate type of job information used for medical review (check all that apply):

- Job description
- Performance standards
- Functional requirements analysis
- Environmental factors analysis
- Other (please specify) _____

2. Check job category:

- Category 1 Sedentary
- Category 2 Active
- Category 3 Food Handling
- Category 4 Health-related
- Category 5 Law Enforcement

3. Describe any notable or unusual job requirements or working conditions: (continue on separate page, if needed)

4. Were any "reasonable accommodations" needed?

If "Yes," describe: Yes No

5. _____
(Type or Print Official Contact's Name)

6. _____
Signature of Official Contact

20. _____
Date