

**SOUTH COLONIE CENTRAL SCHOOLS
102 Lorelee Drive
Albany, New York 12205**

EMPLOYEE PHYSICAL EXAMINATION REPORT

Instructions:

Please complete your portion of the enclosed "Employee Physical Examination Report". The physician who examines you should use this form. Attach the physician's bill for the examination to the completed report as a claim for payment by the District.

It is your responsibility to make arrangements for your examination and to follow up to ensure that the necessary reports are submitted. You may have your examination completed by our school physician or by a private doctor of your choice. Our school physician is currently **Concentra Medical Centers (NY)/Occupational Health Centers of NY, P.A.** (formerly First Stop), which is located at **1971 Western Avenue, Albany, NY 12203** (next to Hewitt's Garden Center). Their phone number is **(518) 452-2597**.

If the examination is conducted by the school physician, the school district will pay the expense. If a private doctor is chosen, the school district will pay up to \$15.00 of the fee. A bill must be submitted from the physician clearly stating that the examination was completed for the required physical. If you wish to be reimbursed for payment, a receipt must be submitted.

Thank you.

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EMPLOYEE PHYSICAL EXAMINATION REPORT

TO THE EXAMINING PHYSICIAN:

The South Colonie School District requires a physical examination of all new employees. This examination should not include any diagnostic tests.

A TB test or chest x-ray is required for all employees during their initial physical examination.

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ALBANY, NEW YORK 12205**

EMPLOYEE PHYSICAL EXAMINATION REPORT

To be completed by employee

Name _____ Social Security # _____

Status (check one) New employee Current employee

Building _____ Assignment _____

To be completed by physician

I hereby certify that _____ has been examined by me. In my opinion, this person is, is **not** physically fit to perform the duties and responsibilities of the job assignment noted above.

If the applicant or employee has any medical or health condition(s) which require(s) medical follow-up, please indicate the condition(s):

If the applicant or employee is not fit in your judgment, but the condition can be corrected, please describe the treatment needed:

*****TB TEST REQUIRED DURING INITIAL PHYSICAL ONLY*****

TB Test _____	OR	Chest x-ray _____
Date _____		Date _____
Results _____		Results _____

Medical Examiner's Signature _____ Date _____

Please forward promptly to South Colonie District Office, Human Resource Department