

North Carolina Public Schools

HEALTH EXAMINATION CERTIFICATE

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. [NCGS 115C-323](#))

Name: _____ Social Security Number: _____

Address: _____

The above named individual is to be recommended for employment by _____
(local school board) in a position of _____. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

I. Communicable Disease

By my signature I certify that the above **named person does not have any communicable disease, including tuberculosis**, that poses a significant risk of transmission in our **schools** or would impair this persons ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment: _____

II. Other Health Areas

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current?		Any Immunization Recommendations
	YES	NO	
Td (tetanus), Hep B, MMR, etc.			

Date: _____

Physician, Physician s Assistant, or Nurse Practitioner (Type or Print)

SIGNATURE: _____

License/Registration #: _____

State* Granting License/Registration: _____

*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.

Medical Information
Hep B Form

Name: _____

Position: _____

A Bloodborne Pathogens Exposure Control Plan has been developed by Currituck County Schools to comply with the regulations defined in the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens (BBP) standard and North Carolina Medical Waste Management General Requirements and Definitions. The primary purpose of the standard is to eliminate or minimize on-the-job exposure to blood and other potentially infectious materials, which could result in the transmission of bloodborne pathogens and lead to disease or death. The major pathogens are [Hepatitis B Virus \(HBV\)](#), [Hepatitis C Virus \(HCV\)](#), and [Human Immunodeficiency Virus \(HIV\)](#). The North Carolina Medical Waste Management General Requirements and Definitions determine proper disposal methods of items that are contaminated with blood and other potentially infectious materials.

The OSHA BBP standard covers any employee who is at risk for occupational exposure. "Occupational exposure" is defined as any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. "Good Samaritan" acts, an employee's rendering assistance to accident victims and other exposures that cannot be anticipated, do not constitute occupational exposure. "Reasonably anticipated" means that an employee has reason to anticipate that an exposure may occur while performing assigned employment tasks.

The following examples of jobs are considered "at risk" for occupational exposure:

- School Nurses
- Athletic Trainers
- Athletic Directors
- Coaches
- Custodians
- Health Occupations teachers
- Teachers, Teacher Assistants, and Bus Drivers working with special needs students

____ I understand that my job is not categorized as "at risk" for occupational exposure.

____ I understand that my job is categorized as "at risk" at for occupational exposure. While I have the opportunity to take the Hep B vaccination series at no cost to me, I DECLINE at this time.
Please sign the Hep B Declination Form.

____ I understand that my job is categorized as "at risk" for occupational exposure. I will obtain the ***Hep B Acceptance Form from Human Resources*** and take that form to the Currituck County Health Department to receive the vaccination series. This will be done during regular work hours and will be at no cost to me.