

**Early Childhood Education & Care Division  
HEALTH SCREENING REPORT**

**Instructions to Individual Conditionally Offered Employment:** This report is to be completed after you have received a conditional offer of employment. The \_\_\_\_\_ Conference (“Conference”) will use the information provided on this report to assess whether there are any health issues relevant to the position offered and for guidance on any special requirements you may have during employment. The Conference complies with the Americans with Disabilities Act (“ADA”) and will provide reasonable accommodations according to the ADA and applicable state and local laws.

Please fill out the blanks below. Take this authorization and the enclosed instructions and job description to your health care provider to provide a health screening report regarding your ability to perform the essential functions of the position for which you have received a conditional job offer. It is very important that you give your health care provider the enclosed document entitled “Instructions for Health Care Provider.”

This facility will retain the report in a confidential file separate from your personnel record.

NAME \_\_\_\_\_ POSITION OFFERED: \_\_\_\_\_  
(LAST) (FIRST)

SEX \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PERSONAL PHYSICIAN \_\_\_\_\_

**AUTHORIZATION**

I give permission for the Conference to communicate with my physician, Dr. \_\_\_\_\_. I also give permission for my physician to assess my present medical status and prepare a report on my ability to perform the essential job of the designated position duties and any medical limitations on my job performance. I request that results of the assessment and a copy of the report be furnished to me and to \_\_\_\_\_ [Name/Title] at the Conference.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Employee

**Instructions to Health Care Provider:**

[Employee] has received a conditional offer of employment with the \_\_\_\_\_ Conference (“Conference”) in the [full-time/part-time] position of [job title]. Enclosed is a job description that sets forth the essential functions of this position. [Employee] has consented for the Conference to send you this letter, request that you review [his/her] ability to perform the essential job duties of [his/her] [job title] and provide a written assessment to the Conference.

Please examine [Employee] and assess [Employee's] current medical ability to perform [his/her] job duties and provide the Conference with a written statement that includes: (i) any limitations or restrictions relating to [Employee's] job performance and attendance at work, (ii) [Employee's] present ability to perform [his/her] job functions, and (iii) any health condition of [Employee] that would create a hazard to [Employee], clients, children, or other personnel. Please note any communicable diseases that [Employee], through working at the Conference, could pass to others. The Conference will **[CONFIRM: reimburse you for the reasonable expenses of preparing the report up to a maximum of \$\_\_\_\_, OR will pay any charges in excess of standard medical plan coverage for preparing the report.]** Please provide copies of your assessment to my attention (marked "Confidential") and to [Employee].

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Both [Employee] and the Conference are interested in completing this assessment and obtaining your report as soon as possible. Please provide your report not later than \_\_\_\_\_, 20\_\_\_\_. If you have any questions, please feel free to contact me at \_\_\_\_\_. Thank you very much for your assistance.

Sincerely,

[Name]  
[Title]  
[Address]  
[Fax Number]