

HEALTH QUESTIONNAIRE

Current health status:

Are you presently restricted from lifting or pulling by any physician? Yes No

Are you presently placed on medical limitations by your employer or physician? Yes No

Do you presently have any known heart disease, which would limit the amount of exertion you should expend? Yes No

Do you presently have any chest or breathing conditions, which restrict your lifting or pulling? Yes No

Have you recently had any surgery, which would limit your lifting or pulling? Yes No

Are you currently experiencing any pain in your back or elsewhere in your body? Yes No

Are you currently pregnant or have you given birth in the last 3 months? (females only) Yes No

When was your last thorough physical exam by a physician?

Less than 1 year ago

3-5 years ago

1-2 years ago

More than 5 years ago

I UNDERSTAND THE ABOVE QUESTIONS AND HAVE ANSWERED THEM TRUTHFULLY TO THE BEST OF MY KNOWLEDGE. I FEEL PHYSICALLY ABLE TO PREFORM THE STRENGTH TEST.

Date: _____

Candidate Name: _____ Candidate Signature: _____

Guardian Name: _____ Guardian Signature: _____

Witness Name: _____ Witness Signature: _____

INFORMED CONSENT

I, the undersigned, agree to participate in this Employee Entrance Evaluation which is designed to determine if I currently possess the physical ability to meet the essential functions for the position for which I have been offered employment. I further agree and give my consent to undergo the various tests, which will determine my current physical ability status.

I understand that some of these tests may require physical exertion and may include tests for blood pressure, heart rate, flexibility, range of motion, and both isometric (i.e. fixed position) and dynamic (i.e. moving position) strength. I know and understand that because my exertion level may be at or near my maximum capabilities during some of these tests, certain risks and dangers exist. These include but are not limited to the following: abnormal blood pressure response, fatigue, dizziness, fainting, muscle soreness or strains, injury, illness, nausea, infections, or heart disorders. Although every effort will be made to minimize these through the preliminary evaluation and observations by an exercise physiologist during the testing, these risks do exist and I voluntarily accept them. I also understand that I may stop any test at any time for any reason.

I HAVE READ THIS DOCUMENT. THIS IS THE INFORMED CONSENT AGREEMENT BETWEEN SCHOOLS INSURANCE AUTHORITY AND MYSELF. I UNDERSTAND THAT I AM ASSUMING RISKS INHERENT IN THE TESTS THAT I AM ABOUT TO UNDERGO. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT.

Date: _____

Candidate Name: _____ Candidate Signature: _____

Guardian Name: _____ Guardian Signature: _____

Witness Name: _____ Witness Signature: _____

RELEASE OF LIABILITY WAIVER

I voluntarily and expressly agree to accept and assume any and all risks of illness, disease, injury, death, and property damage, which may result from my participation in the Employee Entrance Evaluation. In signing this document, I fully recognize and understand that if I am hurt, die, or my property is damaged, I am giving up my right to claim or file a lawsuit against Schools Insurance Authority, the school district, their trustees, officers, employees, and agents even if they negligently or by some other act or omission cause the injury or damage.

I agree to release, waive, discharge and hold harmless School Insurance Authority, the school district, and all of the trustees, officers, employees, and agents, for any and all claims of liability arising out of their negligence or any other act or omission which causes the undersigned illness, injury, death and damages of any nature in any way connected with my participation in the Employee Entrance Evaluation.

I acknowledge and understand that the school district, which referred me, will be informed of my test results. I assume all responsibility for obtaining medical or other professional help for any health problems(s) identified in this evaluation. I further understand that it is the sole responsibility of the referring school district to proceed with the next step in the hiring process and meeting the Employee Entrance Evaluation requirements does not guarantee employment.

I HAVE READ THIS DOCUMENT. THIS IS THE RELEASE OF LIABILITY AGREEMENT BETWEEN SCHOOLS INSURANCE AUTHORITY AND MYSELF. I UNDERSTAND THIS IS A FULL AND COMPLETE RELEASE OF ALL CLAIMS FOR ALL LIABILITY. I UNDERSTAND THAT I AM ASSUMING RISKS INHERENT IN THE TESTS THAT I AM ABOUT TO UNDERGO. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT.

Date: _____

Candidate Name: _____ Candidate Signature: _____

Guardian Name: _____ Guardian Signature: _____

Witness Name: _____ Witness Signature: _____

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION
(45 CFR 164.508)

1. I understand that I am a candidate for employment with a school district or county office of education that is a member of Schools Insurance Authority (SIA), and that my potential employer has referred me to SIA for post-offer, pre-employment Physical Ability Testing to determine whether I have the physical strength necessary to perform the essential tasks of the position for which I am a candidate.
2. I acknowledge that I was provided with SIA's Notice of Privacy Practices.
3. I authorize SIA to use and disclose my Protected Health Information (PHI) for the following purposes:
 - Determination of my ability to undergo Physical Ability Testing:
Employee Entrance Evaluation (E3) technicians at SIA are authorized to review PHI that I provide orally or in response to a health history questionnaire to determine whether I can undergo Physical Ability Testing. If there is some question as to whether I should engage in Physical Ability Testing, an E3 technician may issue me a medical clearance form to be filled out by my physician. The E3 technician is authorized to indicate on the form the basis for the request.
 - Physical Ability Testing and report the result to the potential employer who requested it:
SIA's E3 Technicians are authorized to disclose my Last Name, First Name, the last four digits of my Social Security Number, the job classification, and my test score of "Pass" or "Fail" to the SIA member that has requested me to undergo Physical Ability Testing. SIA does not provide the potential employer with any other PHI.
4. I understand that I have a right to a copy of my signed authorization form and may obtain a copy from SIA by requesting one. I also understand that I have a right to a copy of SIA's Notice of Privacy Practices and may obtain one by request.
5. I understand that I have the right to revoke this Authorization provided that I do so in writing directed to the privacy officer at SIA, dwadsworth@sia-jpa.org or 9800 Old Placerville Rd, Suite 100, Sacramento, CA 95827, except to the extent that SIA has already used or disclosed the information in reliance on this Authorization.
6. I understand that if I do not sign this authorization form, SIA cannot provide my potential employer with the result of my Physical Ability Testing.
7. Expiration: This Authorization form expires in 90 days unless I revoke it sooner.

Date: _____

Candidate Name: _____ Candidate Signature: _____

Guardian Name: _____ Guardian Signature: _____

Witness Name: _____ Witness Signature: _____