

MUST BE COMPLETED WITHIN 30 DAYS OF HIRE & ANNUALLY
**** TAKE THIS FORM WITH YOU TO YOUR DOCTOR'S OFFICE ****
(Do Not Provide Info Beyond the Scope of this Form Unless Requested)

ARIZONA'S CHILDREN ASSOCIATION
Fax: (520) 884-5582

PHYSICIAN'S REPORT

Employee Portion: Please check all that apply to your job and complete the personal information section.

- I provide direct services to children and families. (Requires performing physical restraint on children, ages up to 18, if necessary).
- I provide direct services to children and families. (No physical restraint but may involve moderate/frequent physical activity).
- I provide support services to staff/clients/agency. (Requires lifting of 35 pounds or more).
- I provide general office, managerial/supervisory or administrative work. (No heavy lifting).
- I provide physical resource/maintenance work using various equipment. (Requires lifting of 50 pounds or more).

I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION TO MY EMPLOYER

Employee Signature

Employee Printed Name

Street Address

City

State

Zip Code

Today's Date

Date of Birth

Sex: Male Female

NOTE TO EXAMINING PHYSICIAN:

Under the State of Arizona's Department of Health Services licensure requirements for behavioral health facilities, the Arizona's Children Association must document in each employee's personnel file a physical examination which demonstrates that the employee's medical status does not conflict with their primary job duties. To meet that state licensing requirement, we ask you to complete the following general physician's report as it relates to their duties while working with, near, or around emotionally and behaviorally troubled children and their families. The position may include operating a motor vehicle, extensive computer usage, and moderate to frequent physical activity.

1. State of general physical health:
 No limitations for position Limitations listed in #2 below
2. Are there any medical problems that indicate to you that this person may have limitations that affect their ability to perform their duties providing services to or working around behaviorally and/or emotionally troubled children and their families and/or driving motor vehicles and transporting others/clients? (Please explain)

3. Are there health or medication issues with this employee that would present a safety risk in the performance of their duties which may require reasonable accommodation (if applicable)?
 Yes (Explain) _____ No

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 employees of their family members. In order 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 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.

Examining Physician's Signature

Type or Print Physician's Name

Physician's Phone Number
Physical Form (Revised 2/111)

Date