

Congratulations! You've just been recommended for a coaching position with the School District of Waukesha.

Prior to coaching or meeting with our students it will be necessary to complete and pass a drug screen, physical and TB test (Wis. Stat. Sec 118.25). This will be done at the Employee Health and Wellness Center (information attached). Please call the clinic as soon as possible to schedule this appointment. When scheduling let them know you are a new coach with the district and will require the drug screen, physical, and TB test. We must be in receipt of these results before you can begin work.

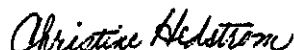
You will also need to call Kelly Motl at (262) 970-1035 or email kmotl@waukesha.k12.wi.us to schedule an appointment with her to complete the new hire paperwork. She is in our office from 7:30 am through 4:00 pm. You will need to bring your Driver's License and Social Security card to complete the I-9 form. This appointment will take approximately 30 minutes so please plan accordingly.

Attached you will find information on an additional three requirements for all new hires. These can be completed prior to your appointment in Human Resources, but no later than 15 days after your new hire appointment.

- Employee Handbook Acknowledgement
- Child Abuse and Neglect Training (Wis. Stat. Sec 48.981(2)(a)16m)
- Medication Training (Wis. Stat. Sec. 118.29)

We would like to welcome you to our staff and hope you will find your new position to be an enjoyable and rewarding experience. If you have any questions please feel free to call me.

Sincerely,



Christine Hedstrom
Assistant Superintendent for Human Resources

CH:km



118.25 Health examinations.

- (a) As a condition of employment, the school board, except in 1st class cities, shall require a physical examination, including a chest X-ray or tuberculin test, of every school employee of the school district. Freedom from tuberculosis in a communicable form is a condition of employment. In the case of a new school employee, the school board may permit the school employee to submit proof of an examination, chest X-ray or tuberculin test complying with this section which was taken within the past 90 days in lieu of requiring such examination, X-ray or test. If the reaction to the tuberculin test is positive, a chest X-ray shall be required. Additional physical examinations shall be required thereafter at intervals determined by the school board. The school employee shall be examined by a physician in the employ of or under contract with the school district, but if a physician is not employed or under contract, the examination shall be made by a physician selected by the school employee.

Additionally, this statute can be viewed online at:

<https://docs.legis.wisconsin.gov/statutes/statutes/118/25>

The School District of Waukesha will pay the cost of your physical examination and TB test if you make an appointment at the Waukesha Employee Health and Wellness Center.

If you have had a physical within the last 6 months or if you have had a TB skin test within the last 90 days and can provide proof of such examination(s) in writing you may not need to complete this process for the District at this time. You will still be required to complete the drug screen at the Waukesha Employee Health and Wellness Center.

The physical, TB skin test and drug screen must be completed before you can begin your assignment.

If at any time you have questions about completing this requirement or comments about your experience at the clinic please call Kelly Motl 262-970-1035 or the Human Resources Office at 262-970-1031.

Waukesha Employee
Health & Wellness Center
SERVING THE CITY, COUNTY & SCHOOL DISTRICT



AUTHORIZATION FOR EXAMINATION OR TREATMENT

(Must present photo ID at time of service)

SCHOOL DISTRICT OF WAUKESHA (Employer)

222 Maple Avenue / Waukesha WI 53186 / Ph: 262-970-1031 Fax: 262-970-1020

Name: _____

SSN: _____ Date: _____

Physical Examinations (Check one)

- _____ Teacher
- _____ Administrator
- _____ Educational Assistant
- _____ Substitute Teacher
- _____ Substitute Assistant
- _____ Clerical Staff
- _____ Sp Ed Assistant
- _____ Health room Clerical
- _____ Custodial
- _____ Coach

Injury Care

- _____ Breath Alcohol
- _____ Other

Requirements

- _____ Physical Intermediate
- _____ TB Skin Test
- _____ Rapid 6
- _____ Other

Back Fitness Evaluation

- _____ Health Room Clerical – lift/move up to 25 lb.
- _____ Sp Ed Asst – push/pull/lift up to 75 lb.
- _____ Custodial – lift/transport up to 60 lb.

Authorized By: *Christine Hedstrom*

Title: Assistant Superintendent for Human Resources

Phone: 262-970-1031 / Fax: 262-970-1020



Clinic Open Date & Hours of Operation

Location: 615 West Moreland Boulevard
Waukesha, WI 53188-2462

Phone: 262-896-8420

Schedule: 7 a.m. – 7 p.m. Monday/Wednesday
7 a.m. – 6 p.m. Tuesday/Thursday/Friday
8 a.m. – 1 p.m. Saturday
Closed Sunday

3 Ways to Make and Appointment

1. Call the Healthstat Scheduling Line during the hours listed below: **866-959-9355**
Monday: 6 am – 4 pm
Tuesday: 6 am – 7 pm
Wednesday: 6 am – 7 pm
Thursday: 6am – 7 pm
Friday: 6 am – 7 pm
Saturday: 8 am – 1 pm
2. Call the Clinic Directly: **262-896-8420**
3. Online Patient Portal: Established patients can access the portal and schedule online

Name: _____
Address: _____
Entity: _____

Phone: _____
DOB: _____
SSN: _____

HEALTH HISTORY

| | | | | | |
|-------------------------|--|--------------------|--|-------------------|--|
| Head or Spinal Injuries | Yes <input type="radio"/> No <input type="radio"/> | Diabetes | Yes <input type="radio"/> No <input type="radio"/> | Back Surgery | Yes <input type="radio"/> No <input type="radio"/> |
| Seizure disorder | Yes <input type="radio"/> No <input type="radio"/> | Kidney disease | Yes <input type="radio"/> No <input type="radio"/> | Ortho surgery | Yes <input type="radio"/> No <input type="radio"/> |
| Stroke | Yes <input type="radio"/> No <input type="radio"/> | Liver disease | Yes <input type="radio"/> No <input type="radio"/> | Carpal tunnel | Yes <input type="radio"/> No <input type="radio"/> |
| High Blood pressure | Yes <input type="radio"/> No <input type="radio"/> | Asthma | Yes <input type="radio"/> No <input type="radio"/> | Tendonitis | Yes <input type="radio"/> No <input type="radio"/> |
| Frequent Headaches | Yes <input type="radio"/> No <input type="radio"/> | Hernia or repair | Yes <input type="radio"/> No <input type="radio"/> | Arthritis | Yes <input type="radio"/> No <input type="radio"/> |
| Tobacco use | Yes <input type="radio"/> No <input type="radio"/> | Ulcers/gastritis | Yes <input type="radio"/> No <input type="radio"/> | Chronic back pain | Yes <input type="radio"/> No <input type="radio"/> |
| Alcohol use | Yes <input type="radio"/> No <input type="radio"/> | Drug/alc treatment | Yes <input type="radio"/> No <input type="radio"/> | | |

Explain any Yes above:

Current Medications: _____ Last Tetanus Booster: _____

Medication Allergies _____

LATEX allergy Yes No

Job Description: _____

Past surgeries/hospitalizations _____

Present work restrictions/Accommodations needed:

Occupational History: Work related injury/illness Yes No Pending claim for work related injury Yes No

PHYSICAL EXAMINATION

Blood Pressure: _____ Respirations: _____ Pulse: _____

| | Normal | Abnormal | Not Done | | Normal | Abnormal | Not Done |
|---------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|
| Skin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Eyes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Back | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ears | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lifting | | | |
| | | | | Technique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pharynx | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flexibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tinel's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lungs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Heart | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extremities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Range of Motion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neurologic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Vision: Right 20/____ Left 20/____
Corrected Uncorrected

Hearing: Whisper L____ R____ Audiogram L____ R____

Ear protection necessary at 85 db. Employee informed. Yes No

LABORATORY RESULTS

Tb _____ (County & School District) CXR: _____

Urine: Specific Gravity _____ Protein _____ Glucose _____

Drug Testing (City/County/School District): Rapid

Rubella Titer (County; groups 2,6,8,14,16,18)

Hep B Titer (County; groups 2,6,8,13,14,16)

If Hep B Titer is negative (County; groups 11,19, 20): Hep B series Decline

Respiratory Clearance Questionnaire (County; groups 2,8,9,10,12,13,14,17,19,20)

Functional Exams: See SD authorization form

CLASSIFICATION

Employable without limitations

Unemployable

Employable with following restrictions:

Reason: _____

Signature: _____

Fax or email this form to:
 SDW Human Resource Dept
 Attn: Gale Haas
 Fax: 262-970-1020
 Email: ghaas@waukesha.k12.wi.us



SCH3R (Rev. 1-11)

RECORD OF SCHOOL EMPLOYEE EXAMINATION

ss. 118.25(2)(a)(b)(c), 4, 5, and 6—Full text printed on reverse—as amended

*As a condition of employment, the school board shall require a physical examination, including a chest X-ray or tuberculin test, of every school employee of the school district. Freedom from tuberculosis (TB) in a communicable form is a condition of employment.

(Section 118.25(2)(a) of the Wisconsin Statutes)

| GENERAL INFORMATION | |
|--|------------------------|
| Employee Name <i>First, Middle, Last</i> | Birthday (Mo./Day/Yr.) |

Address *Street, City, State, Zip*

I. RESULTS OF SCREENING AND DIAGNOSTIC PROCEDURES FOR TUBERCULOSIS

A negative tuberculin skin test (less than or equal to 15 mm induration) or a negative blood test (Quantiferon™, T-Spot™) will satisfy state requirements. If the test is positive (15 mm or greater induration for skin test, positive blood test), a PA and lateral chest x-ray must be taken and a medical evaluation done of risk factors, symptoms, and signs of active TB disease. If a chest x-ray is suspicious for tuberculosis, then additional studies should be performed to determine a diagnosis. Please call the Wisconsin TB Program with any questions about diagnostic tests or protocols (608-261-6319).

| A. Mantoux Tuberculin Test / TB Blood Assay | | B. Chest X-ray |
|--|--------------------|---|
| Date Applied / Drawn | Date Read / Result | Date of X-ray |
| Result Skin test: _____ mm of induration (measured across the forearm) Blood test: Quantiferon™ T-Spot™ <i>circle the appropriate test</i> <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid | | Interpretation <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Abnormal, recommend additional studies to rule out active disease |

C. Are there any significant findings which may influence this individual's effectiveness as a school employee?
 No Yes *If yes, Please Indicate Result(s) of Findings and Recommended Follow-Up.*

II. PHYSICIAN'S RECOMMENDATIONS AND CERTIFICATE OF SCHOOL EMPLOYEE EXAMINATION

THIS WILL CERTIFY THAT I, the examining physician; licensed to practice medicine in the State of Wisconsin, have examined the above named school employee as required by statute on, _____ and find the above named individual
 (Date)

to be free not to be free from tuberculosis in a communicable form at the time of examination. On the basis of the examination
 I do I do not recommend this person as physically suitable for employment. The individual named herein has been informed of these recommendations.

CLASSIFICATION

Employable without limitations

Employable with the following restrictions: _____

Unemployable for reason: _____

Name of Examining Physician _____

| | |
|-----------|------|
| Signature | Date |
| > | |

SECTION 118.25(1) - (6) of the WISCONSIN STATUTES, as amended

118.25 Health examinations. (1) In this section "school employee" means a person employed by a school board who comes in contact with children or who handles or prepares food for children while they are under the supervision of school authorities.

(2) (a) As a condition of employment, the school board, except in 1st class cities, shall require a physical examination, including chest X-ray or tuberculin test, of every school employee of the school district. Freedom from tuberculosis in a communicable form is a condition of employment. In the case of a new school employee, the school board may permit the school employee to submit proof of an examination, chest X-ray or tuberculin test complying with this section which was taken within the past 90 days in lieu of requiring such examination, X-ray or test. If the reaction to the tuberculin tests is positive, a chest X-ray shall be required. Additional physical examinations shall be required thereafter at intervals determined by the school board. The school employee shall be examined by a physician in the employ of or under contract with the school district, but if a physician is not employed or under contract, the examination shall be made by a physician selected by the school employee.

(b) Such physical examinations, chest X-rays or tuberculin tests shall not be required of any school employee who files with the school board an affidavit setting forth that the employee depends exclusively upon prayer or spiritual means for healing in accordance with the teachings of a bona fide religious sect, denomination or organization and that the employee is to the best of the employee's knowledge and belief in good health and that the employee claims exemption from health examination on these grounds. Notwithstanding the filing of such affidavit, if there is reasonable cause to believe that such employee is suffering from an illness detrimental to the health of the pupils, the school board may require a health examination of such school employee sufficient to indicate whether or not such school employee is suffering from such an illness. No school employee may be discriminated against by reason of the employee filing such affidavit.

(c) The physician making a physical examination shall prepare a report of the examination upon a standard form prepared by the department of health and family services and the department. Such report shall be retained in the physician's files and the physician shall make confidential recommendations therefrom to the school board and to the school employee on a form prepared by the department of health and family services and the department. The recommendation form shall contain space for a certificate that the person is free from tuberculosis in a communicable form. The cost of such examinations, including X-rays and tuberculin tests, shall be paid out of school district funds.

(3) In counties having a population of less than 500,000, the school board may require periodic health examinations of pupils by physicians, under the supervision of local health departments and the department of health and family services, and may pay the cost of the examinations out of school district funds.

(4) If a health or physical examination made under this section includes the testing of vision, such test may be made by an optometrist. Forms used for reporting such vision tests shall so indicate.

(5) As a condition of employment, special teachers, school psychologists, school social workers, co-operative educational service agency personnel and other personnel working in public schools shall have physical examinations under sub. (2). The employing school district or agency shall pay the cost of such examinations.

(6) As a condition of employment, employees of the state superintendent whose work brings them into contact with school children or with school employees shall have physical examinations under sub. (2).

EMPLOYEE ACKNOWLEDGMENT

I acknowledge that I have read the School District of Waukesha's Employee Handbook and I understand its provisions. I understand that the School District may modify or eliminate the terms described in the Employee Handbook at any time, with or without prior notice.

I further understand that the School District of Waukesha's Employee Handbook and any provisions contained in the Employee Handbook do not constitute a guarantee of employment, a guarantee of any other rights or benefits, or a contract of employment, express or implied. I understand that, if my employment is not covered by a collective bargaining agreement or individual contract, my employment is at will and that my employment may be terminated at any time for any reason, with or without cause and with or without notice, at my option or at the option of the School District.

EMPLOYEE SIGNATURE _____

PRINT NAME _____

DATE _____

Employee Handbook found on the Waukesha School District Website under: Employee Resources.



www.waukesha.k12.wi.us
EMPLOYEES /EMPLOYEE RESOURCES /
EMPLOYEE HANDBOOK



Enroll in a School
Open Enrollment/School
Choice
Lunch Menus
Curriculum/
Requirements
2014/15 HS Course
Selection
Get Involved
Infinite Campus Parent
Parent Resources
Technology Help Site

Employment
Opportunities
Substitute Teachers
Employee Contracts
Employee Gmail Access
Instructional Technology
Employee Resources
Employee Tools
Infinite Campus Staff
Technology Help Site

Superintendent Message
School Board
Education Foundation
Environmental Education
Planetarium
Community Resources
Volunteer Opportunities
Senior Passes
District TV

ALL NEW EMPLOYEES MUST HAVE THIS TRAINING COMPLETED WITHIN SIX MONTHS OF INITIAL HIRING AND EVERY FIVE YEARS THEREAFTER

Child Abuse and Neglect - Training of School District of Waukesha Employees

Wisconsin law requires all employees of Wisconsin public school districts to report suspected child abuse and neglect, Wis. Stat. sec. 48.981(2)(a)16m. In addition, school boards are to ensure all employees receive training provided by the Department of Public Instruction within six months of initial hiring and at least every five years thereafter, Wis. Stat. sec. 118.07(5). Initial training of all public school employees must occur no later than June 9, 2012, in order to comply with Wisconsin Act 81. Employees are considered to be anyone who receives an annual statement of wages for tax purposes (W-4 form) from the school district.

The School District of Waukesha (SDW) is requiring all employees to complete the Mandatory Reporting of Child Abuse and Neglect - Training for All School Employees webcast. All SDW employees working in the middle or high school setting will be required to complete Mandatory Reporting of Child Abuse and Neglect - Supplemental Information webcast. Certifications of Completion must be forwarded to the Human Resources Department immediately following training.

Access to the training is available any time. Go to:
<http://dpi.wi.gov/sspw>

Click on "Child Abuse and Neglect" and select either

- 1) View video or
- 2) Download the power point

After completion go to #1 and print completion certificate



Instructions for taking Medication Administration Tests and Bloodborne Pathogens On-line Training

Medication administration in schools is governed by Wis. Stat. sec. 118.29.

Please follow these steps:

1. Go to the School District of Waukesha Webpage: <http://www.waukesha.k12.wi.us/>
2. Scroll over the link "Employee Resources" and click on it
3. On the left hand side of the screen scroll down until you see the link for "Administering Medication." Click on that link
4. The screen should say Administering Medication to Students
5. **Mandatory trainings are on the left hand side of the screen:**
 - **Oral Medication and General Principals (required)**
 - **Epi Pen (required)**
 - **Rescue inhaler (required)**
 - **Bloodborne Pathogens (required)**

Strongly suggested trainings are located in the center of the screen:

- *Diabetic training (strongly suggested)*
- *Seizure First Aid and Emergency Medication Training (strongly suggested)*

The right side of the screen has optional training and information:

- *State and DPI statutes and laws*
- *Links to DPI manuals with comprehensive information on medication in school*
- *Special needs students; care needed and trainings*

6. Click on appropriate training module
 - a. All Staff complete Mandatory training every 4 years
 - b. Staff should review Seizure/Diabetic modules if they have a student with one of these disorders
7. Watch the video, complete the 5 question test, then click **SUBMIT**. (Check your skyward account for dates of compliance – you *won't* get a confirmation at completion.)
8. Suggested trainings have videos, power points, some tests and handouts. Consult with your Administrator regarding your caseload and requirements.

A few things to note:

- You must be signed in with your Waukesha School District email
- Annual skills sessions occur between September-November / consult Healthroom Asst.
- Questions? Contact Jo Ann Hablewitz, RN at x1125 or Terrie Leverenz, LPN, X1131