

Policy & Procedure Manual

PRE-EMPLOYMENT HEALTH ASSESSMENT - HR-IX-4

POLICY:

Prior to or within 30 days of beginning employment, new employees will be responsible for having a health assessment completed by their physician. The employee will assume the responsibility for all costs of the assessment.

Information contained in the employee health assessment is confidential and will be maintained in the employee's health record. The Coordinator, Health and Safety/Designate or Director, Human Resources will release to appropriate Management employees, only information necessary in order to assess reasonable accommodation. No health information will be released to any third party without a signed consent from the employee. See Guidelines for Release of Medical Information (HR-IX-1).

PURPOSE:

1. To assess the employee's ability to perform the essential duties of their position.
2. To ensure compliance with all applicable legislation.

PROCEDURE:

1. a) A Human Resources representative shall ensure that the following forms are mailed out to all new hires along with their offer of hire letter:
 - Letter to the physician with job demands listed (see Appendix A)
 - Employee Health Assessment form (Appendix B)
- b) The Coordinator, Health and Safety will meet with the new employee to obtain pertinent health information, (completing Appendix C) and receiving the Employee Health Assessment.
- c) If the employee cannot schedule a health assessment appointment prior to, or within 30 days of their commencement, they will be responsible for notifying the Coordinator, Health and Safety/Designate of the future appointment date. If the date for the health assessment has not been received from the

- employee within one week of the meeting with the employee, or the health assessment has not been received, as agreed, the Health and Safety Coordinator/Designate will contact the employee to follow up. If receipt of the required medical documentation is not received within 2 months of the employee's start date, the Coordinator shall notify the Director of Human Resources.
- d) The Director, Human Resources will follow up with the employee to discuss their ability to meet this obligation and how it will impact their employment status.
- e) The employee may be suspended from working if they are unable to produce a health assessment and if the employee is unable to meet this condition of employment within a reasonable period of time, termination will result.

RECOMMENDED BY: Director, Human Resources

APPENDICES: 3

OPERATIONAL ACCOUNTABILITY: Administration, Human Resources

ORIGINAL POLICY DATE: April 1993

AUTHORIZED BY: Executive Director

SIGNATURE: _____

A handwritten signature in black ink, appearing to be 'L. D. L.', is written over a horizontal line.



EXAMPLE ONLY

Date: _____

Employee: _____ Position: _____

Dear Physician,

Each newly hired employee of OPTIONS NORTHWEST must have a Pre-Employment Health Assessment completed as a condition of employment and are informed that they are responsible for assuming any costs related to this examination. Please assess the physical/mental health condition of this individual in regards to the demands and job tasks listed below and complete the attached Health Assessment. Upon completion, please return to the employee.

Physical Demand/Job Tasks:

- Frequently lifting supplies and/or equipment, less than 50 pounds (waist to shoulder and floor to waist)
- Frequently pushing and pulling (i.e. individuals in their wheelchairs, opening drawers, etc.)
- Frequently standing and frequently sitting
- Frequently walking, both indoors and outdoors
- Occasionally reaching and weighted reaching (reaching for groceries, opening refrigerator)
- Frequent bending
- Occasional climbing on a 2 to 3 step ladder
- Stair climbing (varies by location)
- Good hand eye coordination
- Repetitive arm/hand/shoulder movements
- Excellent manual dexterity as a large percentage of the job is physical
- Excellent mental, sight and sound concentration for detailed work and multi-tasking
- Gripping to complete job tasks
- Frequent conversations with individuals supported and coworkers/community
- Must be alert to all activities happening in the home or when out in the community for people supported.
- Back, neck, shoulder, arm, elbow, hip, knee. Ankle, foot, wrist and hand flexion, extension, abduction and adduction are frequently required to support individuals with activities of daily living including bathing and dressing to maintain a clean and healthy environment
- Occasional carrying of supplies and equipment (up to 50 pounds)
- Occasional stooping when assisting individuals with daily care, house cleaning
- Occasional crouching when dressing individuals or securing wheelchairs into vans
- Using mechanical lifts
- Shift work

If you have any questions regarding the above information, please do not hesitate to contact the Health & Safety Coordinator at 343-4569. Thank you for your anticipated cooperation

**OPTIONS NORTHWEST
EMPLOYEE HEALTH ASSESSMENT**

POLICY: HR-IX-4
APPENDIX B

This is to certify that: _____ is
(name of patient)

a) Fit for employment

OR

b) Fit for employment with limitations

LIST LIMITATIONS

OR

c) Not fit for employment at this present time

Mantoux Skin Test Date: _____ Negative Positive

If Mantoux Positive then X-Ray Date: _____ Result: _____

Free from tuberculosis or any other communicable or contagious disease

HEALTH CONCERNS/RESTRICTIONS RELATED TO EMPLOYMENT:

ADDITIONAL COMMENTS:

Date

Physician's Signature

HEALTH & SAFETY USE ONLY

Date Received: _____ Signature: _____

- OPTIONS NORTHWEST -

HEALTH & SAFETY PROGRAM INTRODUCTION & ORIENTATION

Name: _____	Position: _____
Department: _____	Hire Date: _____

Advise of Training for Health and Safety Programs (Wellness & Injury prevention, WHMIS, Health and Safety Awareness, and Violence and Harassment Prevention)

Advise of Employee Assistance Program

Health Assessment forms Received _____ (date)

Pending _____ (date of appointment)

Immunization Record Information

Immunization Record obtained or update to be provided by _____ (date).

Hep B consent/waiver obtained or form to be returned on _____ (date).

I acknowledge that I have been informed about and explained the above noted information regarding OPTIONS NORTHWEST Health & Safety Program and I acknowledge my responsibility to submit the documents as discussed and noted above.

Signature of Employee

Date

Signature of H&S Coordinator/Designate

Date