State of Georgia

Manual for
The Medical and Physical
Examination Program

Department of Administrative Services

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Summary of Change

Medical and Physical Evaluation Program (MAPEP)

This revision—

- Updates Proponent Authority from State Personnel Administration to Department of Administrative Services

Proponent Authority Effective July 1, 2012

Medical and Physical Examination Program

Standards of Pre-employment Medical and Physical Fitness

History: This publication is a revision of the MAPEP Guidelines. The portions affected by this revision are listed in the Summary of Change.

Summary: This publication provides information, policies and procedures for pre-employment standards of medical and physical fitness. It implements SPB Rule 478-4-.03 (2) (b), which is authorized by O.C.G.A. 45-2-40 et.seq.

Applicability: This publication applies to candidates for employment with the State of Georgia, including state agencies, authorities, colleges and universities, community service boards and other state government entities.

Authority: The proponent of these guidelines is the Department of Administrative Services. The proponent has the authority to make revisions and clarifications to these guidelines that are consistent with controlling law and regulation.

Suggested improvements: Users are invited to send comments and suggested improvements to the DOAS Programs, Human Resources Administration Division, MAPEP Coordinator, at 200 Piedmont Ave., Fifth Floor, West Tower, Atlanta, GA 30334.

Distribution: This publication is available online and is intended for the use of individuals with MAPEP related responsibilities.

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MEDICAL AND PHYSICAL EXAMINATION PROGRAM (MAPEP)

I. PROGRAM OBJECTIVES

As defined by 1981 Opinion of the Attorney General Number 81-23*, the legislative intent of O.C.G.A. 45-2-40 is:

- to insure that the prospective employee will be physically capable of carrying out the duties of his or her appointment
- to protect the prospective employee from possible harmful effects associated with his employment, which may arise by virtue of a particular preexisting physical malady
- to protect the state from potential liability under workers' compensation laws for conditions arising after employment, but caused in whole or part by preexisting physical conditions

Additionally, the MAPEP is designed:

- to provide a consistent, job-related process for determining and applying the medical and physical standards
- to provide for administrative procedures that are straightforward, clear and minimal

* Opinions of the Attorney General may be accessed at library@law.state.ga.us

II. JOB CATEGORIES

Category 1:	Primarily sedentary, light physical work with limited to no unusual working conditions (e.g., SS:Secretary, MG1:Business Operations, PS:Human Resource Specialist)
Category 2:	Moderate to heavy physical activity and/or moderate to high interface with working conditions of potential concern for certain health conditions (e.g., SS:Supply/Inv/Warehse Wkr, SS:Housekeeper, TS:Engineering Tech, SS:Mechanic)
Category 3:	Positions involving food preparation or the handling of raw consumable animal products (e.g., SS:Food Svc Operation Wkr, TS: Plant Operator, TS:Agriculture Inspector)
Category 4:	Health-related positions involving direct contact with or exposure to air- borne pathogens (e.g., TB), blood-borne pathogens (e.g., HIV, viral hepatitis), human body parts or products, or hazardous chemicals or radiation (e.g., PS:Registered Nurse, some PS:Chem/Mat/Analys Spec, SS:Health Aide, TS:Radiologist, TS:Dental Hygienist)
Category 5:	Strenuous physical activity and/or extreme or potentially life-threatening working conditions requiring a high level of physical capability (e.g. PS:State Patrol, TS:Public Safety Cadet, PS:Special Investigative Agent, PS:Corrections Officer, PS:Firefight & Prevent Spec, PS:Conservation/Wildlife Ranger)

GENERAL

The categories listed above are to be used as guidelines for **typical** positions and are provided for administrative purposes for the **Medical and Physical Examination Program (MAPEP**). Each agency has primary responsibility for designating the job category of each position. Any specific position may be placed in a non-typical category as indicated by job duties.

Designation of job categories is dependent upon several factors: job responsibilities, functional requirements, working conditions and environmental factors. (For additional information about these factors, refer to Appendix C.) Designation is also affected by the kind and level of medical/fitness screening the agency deems necessary, given job-related justification. Each agency should develop a policy to cover its implementation of these procedures, including job category designations and exceptions to assure uniformity and consistency of application.

The "General Information" form (MS 10-50) is used for all positions regardless of job category designation. For positions in Categories 1 through 4, the prospective employee will "self-certify" correctness of information and no further medical assessment will be required, unless requested by

the employing agency. If requested, for positions in Categories 1-4, Form MS 10-50, and other identified MAPEP materials will need to be reviewed by a qualified medical practitioner.

The Health Information Checklist (MS10-500) should be used for all positions and retained internally by each hiring agency

Other MAPEP procedures and forms vary somewhat by job category. The discussion below highlights the process by category. The described forms and procedures should be sufficient in the majority of cases. However, a licensed medical practitioner in the employ of or under contract with the state or respective employing department may request additional information from the agency and/or the employee, up to and including examination by a licensed physician, if deemed necessary.

OVERVIEW

Category 1 (Sedentary) jobs make up the largest group of state positions. These jobs are basically desk or office jobs with little or no physical work or unusual working conditions.

MAPEP review for **Category 1** positions involves:

- a "General Information" document (MS 10-50)
- a “Health Information” checklist of twenty-four conditions which could negatively affect the health of customers or co-workers in particular positions. (Ex., healthcare workers with communicable diseases) . (MS 10-500) [Agency Use Only]

If a basically sedentary position has a specific notable or unusual functional requirement or working condition (e.g., occasional lifting of 45 lbs. or more, frequent exposure to patients with communicable diseases, etc.) this should be noted in Section A, Item 14 of the "General Information" form. This is done 1) to document that the notable or unusual requirement or condition was discussed with the prospective employee and 2) to provide for review by the employing agency for potential further inquiry into the prospective employee's medical/fitness condition.

Examples of typical Category 1 titles include: SS: Clerk, PS: Programmer, PS: Human Resource Specialist, PS: Budget Spec, PS: Prog Eval & Development Spec, PS: Library & Media Svc Spec, and TS: Telecommunications Spec.

Category 2 (Active) jobs are quite varied. They involve moderate to heavy physical activity in one or more major, consistent job duties OR consistent exposure to working conditions that may interact with an employee's medical or fitness condition. Physical activity may involve such things as heavy lifting, pushing or pulling; extended climbing, crawling or bending; and/or operation of potentially dangerous equipment (such as cranes, motor vehicles, etc.).

Working conditions may include such exposures as outside weather extremes; excessive heat or humidity; chemicals or solvents; explosives or combustibles; use of knives, drills or other sharp instruments; or exposure to fire; etc.

MAPEP review for **Category 2** positions involves:

- a "General Information" document (MS 10-50)

AND

- a “Health Information” checklist of twenty-four conditions which could negatively affect the health of customers or co-workers in particular positions. (Ex., healthcare workers with communicable diseases). (MS 10-500) [Agency Use Only]

As in the above discussion, any notable or unusual requirements or conditions of employment should be documented in Section A, Item 14 of the "General Information" form. This information allows medical reviewers to anticipate any potential problems associated with the ability of the prospective employee to perform the specific job requirements.

Examples of typical Category 2 titles include: SS: Supply/Inv/Warehouse Wkr, SS: Document Processor, TS: Bldg/Const Trades Spec, SS: Housekeeper, TS: Mechanic, TS: Parks/Golf Maint Tech, and TS: Natural Resources Tech.

Category 3 (Food-handling) positions are distinct because of duties involving food preparation or the handling of raw, consumable animal products. While these positions typically would have physical activities or working conditions similar to Category 2 positions, they are deemed medically distinct because of the potential transmission of communicable diseases. Pathogens that can cause diseases when an infected person handles food include, but are not limited to: *Hepatitis A virus, Norwalk and Norwalk-like viruses, Salmonella typhi, Shigella species, Staphylococcus aureus and Streptococcus pyogenes.*

MAPEP review for **Category 3** positions involves:

- a "General Information " document (MS 10-50)

AND

- a “Health Information” checklist of twenty-four conditions which could negatively affect the health of customers or co-workers in particular positions. (Ex., healthcare workers with communicable diseases). (MS 10-500) [Agency Use Only]

The distinct category for positions handling raw, consumable animal products or that are involved in food preparation alerts medical reviewers to focus on certain critical items on the extended and supplemental medical history documents (MS 10-52). It also serves as a mechanism for agency focus to affirm standard sanitation procedures for positions with food-related responsibilities.

Examples for typical Category 3 titles include: TS: Plant Operator, SS: Food Svc Operation Wkr, and TS: Agriculture Inspector.

Category 4 (Health-related) positions are separated out primarily due to working conditions involving exposure to air-borne pathogens, blood-borne pathogens, human body parts or products, or hazardous chemicals or radiation. Certain of these positions may involve moderate to heavy physical activity, as in Category 2, but the overriding distinction comes from the environmental factors identified. These environmental factors have significant potential impact for certain health conditions of the prospective employee. Conversely, in direct health care positions there is potential worker-to-patient pathogen transmission as well. (As discussed above, any

significant functional requirements of the position -- such as heavy lifting, etc. -- should be identified in Section A, Item 12 of the "General Information" form MS 10-50.)

MAPEP review for **Category 4** positions involves:

- a "General Information" document (MS 10-50)

  AND
- a “Health Information” checklist of twenty-four conditions which could negatively affect the health of customers or co-workers in particular positions. (Ex., healthcare workers with communicable diseases). (MS 10-500) [Agency Use Only]

As in Category 3, distinctions for Category 4 positions alert medical reviewers for focused inquiry and affirm agency safety/disease prevention policies and practices. They also serve as one means of documenting the communication with the prospective employee about the responsibilities and potential liabilities inherent in the position.

Examples of typical Category 4 titles include: PS: Registered Nurse, PS: Physician, TS: Dental Hygienist, TS: Radiologist, some PS: Chem/Mat Analys Specs, and SS: Health Aide.

Category 5 (Law Enforcement) positions involve the highest level of physical activity. Typically, most of these positions would be involved in violator apprehension and other enforcement duties involving extreme or potentially life-threatening working conditions and requiring high levels of physical capability. As a general rule, POST-certified positions would be in this category. ♦ Because of the potential recurring exposure to human body fluids and close public contact, the medical reviews include health screens consistent with Category 4 positions in addition to the more in-depth examination for the assessment of overall physical condition.

MAPEP review for **Category 5** positions involves:

- a "General Information" document (MS 10-50)

- a “Health Information” checklist of twenty-four conditions which could negatively affect the health of customers or co-workers in particular positions. (Ex., healthcare workers with communicable diseases). (MS 10-500) [Agency Use Only]

  AND
- a medical/physical examination by a licensed physician, covering all major body systems and functions and emotional/mental functioning (MS 10-56)♦

Examples of typical Category 5 titles include: PS: State Patrol, PS: Special Investigation Agent, PS: Compliance Investigator, TS: Facility Safety Officer, PS: Corrections Officer, TS: Public Safety Cadet, PS: Criminal Investigator, PS: Firefighting & Prevention Spec and Conservation/Wildlife Ranger.

♦ Exception: Certain POST-certified positions, such as PS: Probation/Parole Officer, may not involve consistent levels of strenuous physical activity sufficient to warrant completion of the physical examination requirement. Agency policies covering exemptions should include justification and documentation on a case-by-case position-specific basis.

III. MAPEP Procedures

A. Overview

1. The MAPEP paperwork and review process must be completed **after** an offer of employment but **before** disbursement of salary. **(**NOTE: Any required physical examination must be completed prior to the date of appointment, and the reporting of results shall be completed within 40 calendar days of appointment. (See Appendix B.)

2. **If no physical examination is indicated**, typically jobs in Categories 1 - 4, the "General Information" form (MS 10-50), the Health Information Checklist (MS10-500)and appropriate Medical History forms will be completed. (See B. below.)

3. For jobs in Category 5, or other position for which a **physical examination is indicated,** the "General Information" form (MS 10-50), the Health Information Checklist (MS10-500),and appropriate Medical History forms will be completed and a physical examination arranged. (See C. below.)

4. All medical history forms used for Categories 2-5, if indicated, and physical examination results (typically Category 5), will be reviewed by a licensed physician in the employ of or under contract with the state or respective employing agency for determination of the medical and physical fitness of the prospective employee. The results of this determination should be reported to the employing agency on the "Medical Examination Report to Employing Agency" form (MS 10-57).

5. The **physical demands** of the position and the **working conditions** under which work is performed will be compared with the **health status** of the prospective employee. Also, any standards and/or guidelines approved by the State Personnel Board (See Sections IV and V) will be considered in the review.

6. A report based on the results of this review will be sent to the employing agency as follows:

   a) Physically capable to meet demands of position with:
      (1) No limitations
      (2) Moderate limitations (not to be transferred to another position without review of medical records)

   b) Recommend further examination(s)

   c) Does not meet the physical standards of the position

   d) Incomplete or inadequate information

7. Upon completion of the MAPEP process, all forms and materials will be kept by the employing agency. The agency should keep copies of all MAPEP forms. All MAPEP forms and medical or health-related materials **must be filed separately** from the employee's personnel records.

NOTE**:** All **medical data** must be treated as **confidential** by the examining physician, and the employing agency. (see www.hhs.gov/ocr/hipaa)

B. Physical Examination Not Required. (Typically jobs in Categories 1 - 4.) If the position does not require a physical examination:

1. The employing agency will complete Section A (Items 1-18) of the MAPEP **"General Information"** cover page (MS 10-50) and the prospective employee will complete Section B (Items 1-8). In addition, the prospective employee will be provided **"the Health Information Checklist** (MS 10-500)[Agency Use Only] for completion.

2. The completed MAPEP forms and any job information attachments (see D. below) will be retained by the employing agency.

3. **For Category 1 through 4 positions**, if the employing agency finds upon review of the MAPEP materials that the prospective employee appears capable of performing the duties of the position, no further assessment is needed. If, upon review of the MAPEP materials, the employing agency finds information that it feels needs review by a medical practitioner, the forms should be referred to a physician in the employ of or under contract with the state or agency, for further review. If the employing agency finds that a physical examination is necessary, the employing agency will designate "Additional Test(s) Requested" on the Medical Findings Form (MS 10-56) and refer the prospective employee to a physician in the employ of or under contract with the state or department, or a licensed medical practitioner of the prospective employee's choice.

NOTE: The licensed medical practitioner will assume that there are no atypical or special job duty demands or other factors affecting job performance unless such information is provided by the employing agency (see D. below).

C. Physical Examination Required. If a physical examination is required:

1. For job positions, typically Category 5 jobs, for which an examination is **initially required**.

   a) The employing agency will complete Section A (Items 1-18) of the MAPEP "General Information" cover page (MS 10-50), the "Additional Tests Requested" (page 1, top left) if any; and the "Employer Name and Address" (page 2, bottom right) portions of the "Medical Findings" physical examination form (MS 10-56). The employing agency will provide copies of the "General Medical Guidelines" (Section IV, page 12) and the "Specialized Medical Guidelines" (Section V, page 13) as attachments to the Memorandum to Examining Physicians" (MS 10-55). The employing agency will also indicate which other completed forms (ex. MS 10-52) are being provided with these "Guidelines" as part of the medical package by checking the appropriate boxes on the cover "Memorandum to Examining Physicians" (MS 10-55).

b) The prospective employee will complete Section B (Items 1-8) of the **"General Information"** cover page (MS 10-50). In addition the employee will be provided the following forms for completion:

Category 5 (Law Enforcement)
Health Information Checklist (MS 10-500) [Agency Use Only] **Medical Findings** (MS 10-56)

c) The agency will retain the Health Information Checklistform (MS 10-500) and a copy of the "General Information" form (MS 10-50). The prospective employee will be referred with the MAPEP medical package -- completed forms (a copy of MS 10-50), the job information attachments (see D. below), the "Medical Findings" form (MS 10- 56) and the physician cover memorandum (MS 10-55) with general and specialized standards attached -- for physical examination to one of the following:

(1) A licensed physician in the employ of or under contract with the state or respective employing department.

(2) A licensed medical practitioner of the applicant's choice and at the **applicant's expense**.

NOTE: Agencies may provide for physician services at agency expense and may stipulate that prospective employees be examined by the designated provider. For such prior arranged examinations, the job information attachment and the physician cover memorandum (MS 10-55) may be omitted as long as a process is in place to assure thorough job knowledge by examining physicians. (See D. 5-7 below.)

d) The licensed medical practitioner will send the completed medical package to the designated representative of the employing/referring agency.

e) The employing/referring agency will retain all MAPEP forms and medical- or health-related materials in separate files from the employee's personnel records.

2. For job positions for which a physical **examination has been indicated after initial review** of appropriate MAPEP materials by the medical reviewer:

a) The employing agency will notify the prospective employee and will complete the "Additional Tests Requested" and the "Employer Name and Address" portions of the

"Medical Findings" physical examination form (MS 10-56). Also, the employing agency will identify the general and specialized standards and the medical history forms (ex. MS 10-52) included in the medical package by checking the appropriate boxes on the cover "Memorandum to Examining Physicians" (MS 10-55).

b) The entire medical package -- i.e., the "General Information" cover page (MS 10-50), any attached job information, the job-category-designated medical history forms (MS 10-52), the "Medical Findings" form (MS 10-56) and the physician cover memorandum (MS 10-55) – will be provided to the prospective employee. The prospective employee will be referred to a physician for physical examination as in 1.c. above. (Agency retains the Health Information Checklist (MS 10-500)and a copy of the "General Information" form (MS 10-50.)

c) Processing then duplicates 1.d. and 1.e. above.

D. Job Data

1. Prior to filling each vacancy, job requirements and job information documentation should be reviewed and updated as needed.

2. Essential functions should be determined and documented.

3. Detailed information should be provided to all considered candidates.

4. Reasonable accommodation of candidates with disabilities should be considered, as required.

   NOTE: A useful worksheet (MS 10-59) for determining and documenting position functional requirements and environmental factors is provided in Appendix C.

5. The type of job data provided to the medical reviewer and/or examining physician should be identified in Item 12 of the MAPEP "General Information" cover sheet (MS 10-50).

6. It is recommended that, at a minimum, the provided job data attached to the "General Information" document (MS 10-50) be an updated description of key responsibilities that includes an indication of essential functions. It is recommended that, over time, more thorough information, such as functional requirements and environmental factors, be developed and provided, as well. (See Appendix C)

7. For sedentary, office positions (Category 1) it is not necessary to attach job information to MS 10-50. (Be sure to document any notable or unusual job requirements or working conditions in Item 14 of MS 10-50.) For other positions (Categories 2-5) it is recommended that job information accompany MS 10-50 to ensure that licensed medical practitioners have a detailed description of the job duties to be performed by the prospective employee. If other methods are in place to assure thorough understanding of job requirements and standards, (e.g., exclusive use of facility or contract physician to whom detailed data have been supplied up front), this step may not be necessary.

8. REMINDER:

   a) Be sure to document any notable or unusual physical/functional requirements or environmental factors/working conditions in Item 14 of MS 10-50.

   b) Be sure to describe any needed reasonable accommodations in Item 15 of MS 10-50.

E. Job Category Designation

1. As stated above, each agency decides the category designation of each position. This may be done as vacancies occur or it may be done agency wide by occupational category, with exceptions handled as vacancies occur. Each agency should develop a policy to describe how this process is to be handled. General guidance and discussion of designation considerations may be obtained by contacting the Department of Administrative Services.

2. The main issue in the job category designation is the nature of the work of each position. A certain degree of consistency and similarity is expected across same-titled positions. Significant dissimilarities may indicate that closer analysis is warranted to assess potential issues involving the job classification of the position. However, the main goal should be an identification of the category that most closely links the prescribed medical assessment with the physical requirements and the working conditions of the position.

3. Documentation that discusses the job-relevance of typical categorizations should be developed and retained in agency files.

F. "Additional Tests Requested"/Physical Exam Requirement

1. For certain positions, regardless of job category designation, agencies may stipulate an agency-paid physical and/or psychological examination **as long as such examinations can be justified by job duty requirements.** Care should be taken to assure focus on job duties and on linking the requirements consistently to the position.

2. Also for certain positions, there are job-related reasons for certain laboratory tests or physical examinations beyond those considered in a routine physical examination. Where supportable, requests for these tests may be made by an agency in the "Additional Tests Requested" section of the "Medical Findings" (MS 10-56) physical examination form.

3. Specific guidelines approved by the State Personnel Board (See Section V, p.13) discuss considerations for laboratory tests and other medical analyses beyond the general physical examination. In most cases, such further analyses are triggered either by information documented on the “General Information” report (MS 10-50) or by results of the general physical examination. Such findings become part of the employing department's medical file to be evaluated by the licensed medical practitioner.

4. For any positions, regardless of job category designation, the employing department or medical reviewer may request further medical information and/or may request further physical examination(s) or test(s). This may be done in cases where medical information provided indicates a potential job-related problem and/or where insufficient information is available for appropriate determinations to be made.

G. Appeals/Accommodations

1. Medical and physical guidelines/standards have been established with deliberation and consolidation of complex information on medical conditions and physical/functional job requirements. In the majority of cases, the soundness of the established standards would be expected to be reaffirmed.

2. However, it is understood that special, individual circumstances may arise that might justify a modification or waiver of a specific guideline/standard. In such cases, a review of the facts and circumstances can be obtained by following procedures discussed in Appendix B.

IV. GENERAL MEDICAL GUIDELINES

[Approved February 24, 1994; Revised December 17, 1997]

Medical History: Free from any medical or physical condition that would interfere with performance of job duties and responsibilities.

V. SPECIALIZED MEDICAL GUIDELINES

[Approved February 24, 1994; Revised May 22, 1997; Revised December 17, 1997; Revised October 15, 2004, Ferbruary 15, 2005]

MEDICAL AND PHYSICAL EXAMINATION PROGRAM (MAPEP)

Candidates for "Category 5" positions must meet the requirements set forth in the General Medical Guidelines plus the following specific physical standards.

A. General: Height and weight should not be such as to interfere with specific job activities.

B. Vision: 1) Distant vision -- minimum vision of 20/40 in each eye, corrected (with glasses or contact lenses) and at least 20/100 in each eye uncorrected (without glasses or contacts). **2) Near vision --** minimum of 20/40, corrected or uncorrected in each eye. **3)** Adequate depth perception and the ability to distinguish colors. **4) Peripheral vision --** at least 70 degrees in each eye.

All Category 5 positions are subject to the guidelines above for 2) Near Vision, 3) Depth perception and the ability to distinguish colors, and 4) Peripheral Vision. The following are position specific exceptions to the 1) Distant Vision guidelines only.

- **For GBI PS: Special Investigation Agent series only: 1) Distant vision --** minimum vision of 20/20 in one eye and 20/40 in the other eye, corrected (with glasses or contact lenses), and minimum of 20/200 in each eye, uncorrected (without glasses or contacts).
- **For PS: State Patrol series only: 1) Distant vision** – minimum vision of 20/40 in each eye, corrected (with glasses or contact lenses), and minimum of 20/60 in each eye, uncorrected (without glasses or contacts).
- **For PS: Corrections Officer series, PS: Firefighting & Prevention Spec series & Probation/Parole Officer series: 1) Distant vision** – minimum vision of 20/40 in each eye, corrected or uncorrected (with or without glasses or contact lenses).

C. Hearing: Hearing loss no greater than 24dB (decibels) for the average of frequencies 500Hz, 1000Hz, 2000Hz, and 3000Hz in the better ear, unaided (without a hearing aid) or aided (with a hearing aid).

"Normal hearing" is a hearing loss no greater than 24 dB at 250Hz, 500Hz, 1000Hz, 2000Hz, 3000Hz, 4000Hz, 6000Hz, 8000Hz in both the right and left ears, unaided.

- An Otoscopic examination is required prior to the air conduction audiogram.
- A complete pure tone or warble tone air conduction audiogram is required and results recorded for all candidates. **The audiogram must be completed at all frequencies listed on Form MS 10-56 on both the right and left ears.** The pure tone air conduction audiogram is to be used as the baseline audiogram.
  - If the testing indicates air conduction thresholds to be within the stated hearing guidelines for employment, no further hearing testing is necessary. However, if any single air conduction threshold is obtained outside the normal, 0-24dB range; i.e., if hearing is not within "normal limits", the results of the test are explained to the candidate and the recommendation is made to obtain a complete audiological evaluation at the individual's expense for his/her own hearing healthcare benefit.

- If the testing indicates air conduction thresholds to be outside the stated hearing guidelines for employment, the results of the test are explained to the candidate and a complete audiological evaluation is recommended, at the individual's expense for his/her own hearing healthcare benefit.
- In addition to the pure tone air conduction testing, warble sound field testing is required and results must be recorded for all candidates who wear a hearing aid and do not meet the guidelines on the air conduction test, to verify if an individual meets the guideline for employment with the use of a hearing aid. If the site does not have the personnel or equipment to satisfy this requirement, then a referral is indicated.

- A qualified individual should administer the audiometric testing and perform the otoscopic examination. Qualified individuals include licensed audiologists, otolaryngologists, physicians trained in hearing conservation, technicians who are certified by the Council for Accreditation of Occupational Hearing Conservation, or technicians trained by such a physician. A technician who performs audiometric tests must be responsible to an audiologist, otolaryngologist, or physician.
- All tests should be performed in an acoustic environment to meet the current ANSI standards.
- All audiometric equipment should be calibrated annually to meet current ANSI standards.

D. ENT: There should be adequately free nasal breathing. The mouth should be free from deformities or conditions that interfere significantly with distinct speech.

E. Cardiovascular: Rheumatic and congenital heart disease should be thoroughly evaluated by the examining physician and commented on in the examination report. Atherosclerotic (arteriosclerotic) heart disease, myocardial infarction, coronary insufficiency, angina pectoris, and hypertension above 140/90 must be evaluated on an individual basis and must not be of sufficient severity to interfere with the performance of all duties.

F. Respiratory: Free of infectious diseases or other pulmonary processes that would interfere with the physical demands of the position.

G. Gastrointestinal: Must be free of any major pathological conditions that will interfere with the performance of physical requirements of the position.

H. Rectum and Anus: Major hemorrhoidal conditions and symptomatic pilonidal cysts must not be of sufficient severity to interfere with the job.

I. Hernia: Hernia (E) which might interfere with the performance of duty would require surgical repair with clearance from operating surgeon, prior to employment.

J. Genital/Urinary: Large varicocele or hydrocele, which might interfere with the performance of duties, should be repaired with clearance from operating surgeon prior to employment.

K. Back and Neck: History of significant injury, deformity, surgical procedure, or other spinal pathology should be thoroughly evaluated by the examining physician and commented on the examination report.

L. Extremities: * If a prosthesis or orthosis is used, such prosthesis or orthosis must not interfere with the performance of duty. 1) Upper Extremities -- both hands must have at least the index, middle, and one other finger and must not interfere with the performance of duty; both thumbs must be functional; or see (*) above. 2) Lower Extremities -- both lower extremities must be free from limitation of any joint motion which would interfere with the performance of duties; both great toes must be functionally normal; or see (*) above**.**

M. Nervous System: Central and peripheral nervous system disorders must be evaluated by the medical examiner. Applicants with seizures must be thoroughly evaluated by the examining physician and all findings included in the examination report. Special attention must be given to any history of seizure activity.

N. Emotional Stability: Any history of significant emotional instability or mental illness should be thoroughly evaluated by the examining physician and commented on in the examination report.

O. Laboratory Analysis: Items 1 through 4 are not required unless medical history or physical examination results indicate that such tests are needed to adequately assess the applicant's physical status. Item 5 is required for Correctional Officers and Juvenile Correctional Officers only.

1. Urinalysis (Multi-Test Stick): Abnormalities in the sugar and albumin tests must be evaluated further. If Glycosuria is significant, must have Glucose Tolerance Test and if albuminuria, must have the cause identified.
2. Hemoglobin or Hematocrit.
3. Chest x-ray.
4. Resting Electrocardiogram.
5. Tuberculin Skin Test. (**For PS: Corrections Officer Series Only**) If there is a positive reaction of 10mm or greater, a chest x-ray is required to document the absence of tuberculosis.

VI. FORMS

- **MS 10-50 General Information**
- **MS 10-52 Medical History Report (Optional)**
- **MS 10-55 Letter to Examining Physician**
- **MS 10-55A Letter to Reviewing Physician**
- **MS 10-56 Medical Findings**
- **MS 10-57 Report to Employing Agency**
- **MS 10-500 Health Information Checklist**

GENERAL INFORMATION

MEDICAL AND PHYSICAL EXAMINATION PROGRAM (MAPEP)

Inquiry Authority/Use Statement

The collection of this information is authorized by O.C.G.A. 45-2-40. This information will be used to determine fitness for duty and to provide protection to employees from potential harmful effects associated with this employment. Unless otherwise stated, this information may be disclosed to the hiring agency, State agencies responsible for State benefits and workers' compensation programs, and, where pertinent, to an appropriate law enforcement agency for investigation for prosecutive purposes or in a legal proceeding to which the hiring agency is a party. As provided by the Americans With Disabilities Act of 1990 (Public Law 101-336), this information is to be filed separately from other personnel records and is to be used only for legitimate, non-discriminatory hiring and placement purposes with reasonable accommodation, where appropriate. Completion of this form is voluntary; however, if this information is not provided, the individual may not receive the requested benefits or employment.

A: Completed by Appointing or Referring Office

(Type or Print in Ink)

1. Employee Name:_____ **2**._____-_____-_____
Last, First Middle Social Security Number

3. Race: _____ **4**. Sex: ☐ Female ☐ Male **5.**_____ **6.** _____
Date of Birth Daytime Telephone Number

7. Address:_____ **8**. Position Title:_____

_____ **9**. Position Number:_____

_____ **10**. Location of Position:_____

11. Direct Contact for Position Information

a. Name: _____ f. Dept.: _____

b. Title: _____ g.. Unit: _____

c. Telephone: _____ h. Address: _____

d. E Mail: _____ _____

e. Fax Number: _____ _____

12. Indicate type of job information used for medical review (check all that apply):

☐ Job description
☐ Performance standards
☐ Functional requirements analysis
☐ Environmental factors analysis
☐ Other (please specify)_____
_____
_____
_____

13. Check job category:

☐ Category 1 Sedentary
☐ Category 2 Active
☐ Category 3 Food Handling
☐ Category 4 Health-related
☐ Category 5 Law Enforcement

14. Describe any notable or unusual job requirements or working conditions: (continue on separate page, if needed)

_____

_____

_____

15. Were any "reasonable accommodations" needed? ☐ Yes ☐ No
(continue on separate page, if needed) If "Yes," describe:

_____

_____

_____

16. _____
(Type or Print Official Contact's Name)

17. _____ **18.**_____
Signature of Official Contact Date

B: Completed by Applicant/Employee

(Type or Print in Ink)

1. Have you been provided detailed information on the duties of this position? ☐ Yes ☐ No

2. Do you understand the functional requirements and environmental factors of this position? ☐ Yes ☐ No

3. Are you capable of performing the duties and responsibilities of this position (with reasonable accommodations, if necessary, as described in Section A, Item #15)? ☐ Yes ☐ No

For the following questions, explain a "Yes" answer in the DOASce provided below

4. Have you ever been employed by the State of Georgia? ☐ Yes ☐ No

5. Have you had a physical examination for employment with the State of Georgia within the past twelve months period? ☐ Yes ☐ No

6. Is there anything in your past medical history, of which you have knowledge, that would prevent your being able to perform the duties of this position? ☐ Yes ☐ No

Explanation of items 4-6 checked "Yes." Enter item number before each comment.

_____

_____

_____

I certify that all information given by me in connection with this medical assessment is true to the best of my knowledge and belief. I agree and understand that any misstatements of material facts may cause forfeiture on my part of all right to employment in the service of the State of Georgia; may result in dismissal after appointment; or may result in loss of entitlement to disability retirement benefits. My signature also indicates that I understand all of the questions on this form

7. _____ **8.**_____
Signature of Employee Date

STATE OF GEORGIA Name_____ Soc. Sec. No. _____-_____-_____

MEDICAL AND PHYSICAL Job Title _____ Department _____

EXAMINATION PROGRAM

MEDICAL HISTORY REPORT Job Category (circle one) 1 2 3 4 5

The purpose of these questions is to gather information concerning your health and physical condition, both now and in the past. This information will be used only to determine whether you can safely perform the duties of the job for which you are being considered. Please answer all of the following questions as fully and completely as you can. If you don't understand a question, or are unsure of how to answer it, leave it blank and request assistance.

I certify under penalty of perjury, that the information given by me is true to the best of my knowledge and belief. I agree and understand that any misstatements of material facts may cause forfeiture on my part of all right to employment in the service of the State of Georgia, may result in dismissal after appointment; or may result in loss of entitlement to disability retirement benefits. My signature also indicates that I understand all of the questions on this medical history form.

EMPLOYEES' SIGNATURE: _____ DATE: _____

Individual History – To Be Completed By Applicant/Employee (Use Ink)

A. MEDICAL CONDITIONS. Check every item. Do you have or have you ever had any of the following: (If "Yes," give date of most recent occurrence and explain on page 3.)

Health Condition	*Yes*	*Year*	*No*
HEAD, NOSE, MOUTH AND THROAT			
1. Persistent or severe headaches			
2. Frequent nose bleeds			
3. Frequent nasal congestion			
4. Persistent or severe sinus condition			
5. Bleeding gums			
6. Persistent or severe dental condition			
7. Hoarse when don't have cold			
8. Difficulty swallowing			
9. Persistent sore throat			
10. Loss of taste or smell			
11. Head injury			
12. Other head, nose, mouth or throat conditions:			
EARS AND HEARING			
13. Hearing difficulties			
14. Use hearing aid			
15. Ringing in ears (tinnitus)			
16. Perforated ear drum			
17. Persistent or severe ear infection			
18. Other ear or hearing conditions			
EYES AND VISION			
19. Glaucoma			
20. Cataract			
21. Eye irritations (itching or burning)			
22. Eye infection			
23. Defective vision			
24. Color blindness			
25. Injury to eye			
26. Eye surgery			
27. Double vision			

Health Condition	*Yes*	*Year*	*N o*
28. Glasses			
29. Contact lenses			
RESPIRATORY SYSTEM (lungs & breathing)			
30. Persistent or severe colds			
31. Persistent or severe cough			
32. Coughing blood			
33. Asthma or breathing difficulty			
34. Emphysema			
35. Pneumonia			
36. Tuberculosis			
37. Other lung or breathing condition:			
CARDIOVASCULAR SYSTEM (heart & blood vessels)			
39. Heart attack			
39. Hardening of the arteries (Arteriosclerosis)			
40 High or low blood pressure			
41. Heart murmur			
42. Palpitations or irregular heart beat			
43. Episodes of chest pains, tightness, discomfort			
44. Shortness of breath			
45. Varicose veins			
46. Swelling of ankles, feet or legs (edema)			
47. Leg pains, cramps			
48. Other cardiac conditions:			
GASTROINTESTINAL SYSTEM (stomach & intestines)			
49. Persistent or severe nausea or indigestion			
50. Persistent or severe stomach pain			
51. Vomiting blood			
52. Persistent or severe vomiting			
53. Hernia (rupture)			
54. Stomach or duodenal ulcer			

Health Condition	Yes	Year	No		Health Condition	Yes	Year	No
55. Colitis					99. Trick or locked knee			
56. Hemorrhoids or piles					100. Knee surgery			
57. Change in bowel habits					101. Foot problems			
58. Black stool or blood in stool					102. Bone infection			
59. Persistent or severe constipation					103. Broken or fractured bone			
60. Persistent or severe diarrhea					104. Persistent or severe muscle aches or pains			
61. Pancreatitis					105. Other Musculoskeletal conditions:			
62. Appendicitis					ENDOCRINE/METABOLIC SYSTEM			
63. Other conditions of stomach or intestines					106. Diabetes			
LIVER, SPLEEN & GALLBLADDER					107. Thyroid condition or disease			
64. Cirrhosis					108. Hypoglycemia			
65. Hepatitis					109. Unexplained weight gain or loss			
66. Yellow jaundice					110. Unusual loss or growth of body hair			
67. Gallstones					111. Gout			
68. Other conditions of liver, spleen or gallbladder					112. Osteoporosis or other bone disease			
KIDNEYS & URINARY TRACT					SKIN			
69. Kidney stones					113. Rash			
70. Kidney infection					114. Hives			
71. Blood or pus in urine					115. Moles that bleed or get larger			
72. Pain or burning when urinating					116. Change in color of skin (other than suntan)			
73. Frequent urination					117. Frequent boils/abscesses			
74. Albumen or protein in urine					118. Trouble with fingernails			
75. Prostate condition					119. Small itching blisters on the side of fingers or palms			
76. Burning discharge from penis					120. Sores that do not heal			
77. Other conditions of kidneys or urinary tract					121. Other skin conditions:			
REPRODUCTIVE SYSTEM (FEMALES ONLY)					BLOOD/LYMPH (hematologic) SYSTEMS			
78. Pregnant at present					122. Anemia			
NEUROLOGICAL (Nervous) SYSTEM					123. Bleeding disorder			
79. Epilepsy, convulsions, seizures					124 Sickle cell disease or trait			
80. Periods of blackouts/loss of consciousness					125. Phlebitis/blood clot			
81. Fainting spells					126. Blood transfusion			
82. Dizzy spells (vertigo)					127. Chills, fever, night sweats			
83. Memory difficulty					128. Lymph node or glandular swelling that persists			
84. Tremor of the hands or head					129. Other conditions of blood or lymph:			
85. Paralysis of any type					CANCER			
86. Stroke					130. Surgery			
87. Severe numbness, tingling or weakness					131. Radiation therapy			
88. Dyslexia/learning difficulty					132. Chemotherapy			
89. Other conditions of neurological (nervous) system:					133. Immunotherapy			
MUSCULOSKELETAL SYSTEM					134. Hormone therapy			
90. Arthritis					135. Breast			
91. Bursitis/tendonitis					136. Bone			
92. Swollen or painful joints					137. Skin			
93. Dislocations					138. Other			
94. Painful or trick shoulder					PSYCHOLOGICAL/MOOD			
95. Elbow problems					139. mental problem requiring hospitalization			
96. Wrist or hand problems					140. Suicidal/attempted suicide			
97. Back pain					141. Active psychosis			
98. Back surgery					142. Drug, narcotic or alcohol			

Health Condition	Yes	Year	No		Health Condition	Yes	Year	No
143. Persistent or severe depression/worry					ALLERGIES (caused by)			
144. Other psychological conditions:					152. Medication			
INFECTIOUS OR CHILDHOOD DISEASES					147. Rheumatic fever			
Meningitis/encephalitis					153. Food			
146. Polio					154. Soaps or detergents			
148. Mumps					155. Pollen			
149. Measels					156. Insect bites/scales			
150. Venereal Disease					157. Other:			
151. Other:								

Explanation of items checked "Yes." Enter item number (1-157) before each comment.

_____

_____

_____

_____

B. CURRENT MEDICATIONS :_____

_____

C. SURGICAL HISTORY

Have you ever had surgery? ☐ **Yes** ☐ **No**

[If "Yes, complete the following information about each surgery]

	TYPE OF SURGERY	DATE (Mo/Yr)
1.	_____	_____
	_____	_____

D. HOSPITALIZATION HISTORY

Have you ever been hospitalized? ☐ **Yes** ☐ **No**

[If "Yes," complete the following information about each hospitalization.]

	REASON FOR HOSPITALIZATION	DATE (Mo/Yr)
1.	_____	_____
2.	_____	_____
3.	_____	_____

M E M O R A N D U M

TO: The Examining Physician

FROM: State Personnel Board and

_____
(Name of Agency)

DATE:

SUBJECT: Medical and Physical Examination Program (MAPEP)

We earnestly solicit your assistance in completing a medical and physical examination on the bearer.

Medical and physical examinations are of invaluable aid to both the employer and the employee in matching the physical and working environment demands of the job with the physical and mental capacities of the job candidate. From a health conservation standpoint, this type of pre-placement examination program is most effective when aimed at the prevention of occupational disease and injury at work.

The results of the examination should be reported on the enclosed MAPEP "Medical Findings" form (MS 10-56). All items should be completed by the examining physician except for tests listed in the "Additional Tests Requested" box at the top of the form. Those items are to be completed when the employing department has indicated that these tests are needed or if indicated as follow-up to a potential medical condition identified in the physical examination.

Please read the general and specialized standards provided. These standards identify certain assessments that should receive close attention during the physical examination.

Accompanying this memorandum and the "Medical Findings" form should be several information items and completed forms, including those indicated below:

__General Information (MS 10-50)

__ Description of Job Duties

__ Medical History Report (MS 10-52)

__General Medical Guidelines

__Specialized Medical Guidelines

__Other _____

Attached to the "General Information" form (MS 10-50) should be information on the duties and responsibilities of the job for which the bearer is being hired. This information and other job information on form (MS 10-50) – specifically, responses to items A. 13-15 and B. 3-8 – should be carefully considered in providing your assessment of the medical implication of bearer's health history and physical condition for the job duty assignment. (To assist your understanding of item #A.13, a more detailed discussion of the job category description is provided below.)

The results of the examination may be reviewed by a medical practitioner selected by the department or under contract with the state. The responsibility for the final decision on bearer's employability in the specified positions rests with the employing department. If further examinations are indicated, the applicant will be notified.

After the examination has been completed, please return all medical materials to the address and employer representative identified at the bottom of page 2 of the "Medical Findings" form. All forms and materials are to be sent together, the bearer should not retain any of the documents

JOB CATEGORIES

Category 1:	Primarily sedentary, light physical work with limited to no unusual working conditions (e.g., SS:Secretary, MG1:Business Operations, PS:Human Resource Specialist)
Category 2:	Moderate to heavy physical activity and/or moderate to high interface with working conditions of potential concern for certain health conditions (e.g., SS:Supply/Inv/Warehse Wkr, SS:Housekeeper, TS:Engineering Tech, SS:Mechanic)
Category 3:	Positions involving food preparation or the handling of raw consumable animal products (e.g., SS:Food Svc Operation Wkr, TS: Plant Operator, TS:Agriculture Inspector)
Category 4:	Health-related positions involving direct contact with or exposure to air- borne pathogens (e.g., TB), blood-borne pathogens (e.g., HIV, viral hepatitis), human body parts or products, or hazardous chemicals or radiation (e.g., PS:Registered Nurse, some PS:Chem/Mat/Analys Spec, SS:Health Aide, TS:Radiologist, TS:Dental Hygienist)
Category 5:	Strenuous physical activity and/or extreme or potentially life-threatening working conditions requiring a high level of physical capability (e.g. PS:State Patrol, TS:Public Safety Cadet, PS: Special Investigative Agent, PS:Corrections Officer, PS:Firefight & Prevent Spec, PS:Conservation/Wildlife Ranger, PS: Compliance Investigator)

NOTE: **Unless otherwise indicated, expense for all examinations is to be paid by the prospective employee.**

M E M O R A N D U M

TO: The Reviewing Physician

FROM: State Personnel Board and

_____
(Name of Agency)

DATE:

SUBJECT: Medical and Physical Examination Program (MAPEP)

We earnestly solicit your assistance in reviewing the attached information and completing an assessment of the physical fitness of the prospective employee(s) for and position(s) listed below.

Information relating to the medical and physical condition of prospective employee is of invaluable aid to both the employer and the employee in matching the physical and working environment demands of the job with the physical and mental capabilities of the job candidate. From a health conservation standpoint, this type of pre-placement program is most effective when aimed at the prevention of occupational disease and injury at work.

The results of the assessment should be reported on the enclosed "Report to Employing Agency" form (MS 10-57). Please review the standards provided, these standards identify certain assessments that should receive close attention during your review.

Accompanying this memorandum and the "Report to Employing Agency" form, should be several information items and completed forms, including those indicated below:

__General Information (MS 10-50) __General Medical Guidelines

__ Description of Job Duties __Specialized Medical Guidelines

__ Medical History Report (MS 10-52) __Other_____

Information on the duties and responsibilities of the job for which the prospective employee is being hired should be included in section A and B of MS 10-50. Additional job information may also be attached. Please consider this information as you provide your assessment of the medical implications of the prospective employee's health history and physical condition for job duty assignment. (To assist your understanding of item A.13, a more detailed discussion of the job category description follows.) Your medical opinion will be invaluable to the employing department, in as much as, the responsibility for the final employability decision in the specified position rests with the employing department.

After your review has been completed, please return all medical materials to the address and employer representative identified in section A, item 11 of the "General Information Form" (MS 10-50).

JOB CATEGORIES

Category 1:	Primarily sedentary, light physical work with limited to no unusual working conditions (e.g., SS:Secretary, MG1:Business Operations, PS:Human Resource Specialist)
Category 2:	Moderate to heavy physical activity and/or moderate to high interface with working conditions of potential concern for certain health conditions (e.g., SS:Supply/Inv/Warehse Wkr, SS:Housekeeper, TS:Engineering Tech, SS:Mechanic)
Category 3:	Positions involving food preparation or the handling of raw consumable animal products (e.g., SS:Food Svc Operation Wkr, TS: Plant Operator, TS:Agriculture Inspector)
Category 4:	Health-related positions involving direct contact with or exposure to air- borne pathogens (e.g., TB), blood-borne pathogens (e.g., HIV, viral hepatitis), human body parts or products, or hazardous chemicals or radiation (e.g., PS:Registered Nurse, some PS:Chem/Mat/Analys Spec, SS:Health Aide, TS:Radiologist, TS:Dental Hygienist)
Category 5:	Strenuous physical activity and/or extreme or potentially life-threatening working conditions requiring a high level of physical capability (e.g. PS:State Patrol, TS:Public Safety Cadet, PS: Special Investigative Agent, PS:Corrections Officer, PS:Firefight & Prevent Spec, PS:Conservation/Wildlife Ranger, PS: Compliance Investigator)

ADDITIONAL TEST(S) REQUESTED
Urinalysis
Pulmonary Function
Tuberculin Skin Test (TST)
EKG/Resting
EKG/Stress
Hemoglobin/Hematocrit
Chest X-Ray
Back X-Ray
Other Tests

STATE OF GEORGIA

MEDICAL AND PHYSICAL EXAMINATION PROGRAM

Medical Findings

NOTE TO EXAMINING PHYSICIAN

The person you are about to examine is being evaluated for the position described in job materials provided. In conducting your exam and reporting your findings and conclusions, take the job duty data into consideration.

ALL FIELDS IN THIS FORM MUST BE FILLED IN OR THE REVIEWING PHYSICIAN WILL RETURN THE FORM TO YOU.

1. Examinee's Name	2. SSN	3. Height (Feet, Inches)	4. Weight (pounds)

5. Vision Evaluation

Depth Perception Within Normal Limits Yes ☐ No ☐	Peripheral Vision Right Eye _____ Left Eye _____
Distant Vision	Near Vision
a. Without Glasses ☐ Right 20/ _____ Left 20/ _____	b. Without Glasses ☐ Right 20/ _____ Left 20/ _____
c. With Glasses ☐ Right 20/ _____ Left 20/ _____	d. With Glasses ☐ Right 20/ _____ Left 20/ _____
e. Is color vision normal when Ishihara or other color plate test is used? ☐ Yes ☐ No	f. If the answer is "No", can applicant pass lantern or other compatible? ☐ Yes ☐ No

6. Hearing Evaluation

a. OTOSCOPIC EXAMINATION: Right Ear _____ Left Ear _____

b. PURE TONE AIR CONDUCTION TEST RESULTS: (This section is to be used for all pre employment air conduction hearing testing.)

Right Ear								Left Ear							
250	500	1000	2000	3000	4000	6000	8000	250	500	1000	2000	3000	4000	6000	8000

c. SOUND FIELD PURE TONE/WARBLE TONE TEST RESULTS: (This section is to be used in conjunction with the pure tone air conduction testing section for all individuals with hearing aids who do not meet the guidelines on the air conduction test.)

	250	500	1000	2000	3000	4000	6000	8000
Sound Field Test								

If individual meets the stated hearing guideline, no further hearing testing is necessary for the purpose of employment. *However, if any single air conduction threshold is obtained outside the normal, 0-24dB range, the results of the test must be explained to the candidate and the recommendation made to obtain a complete audiological evaluation at the individual's expense.*

d. AUDIOMETER SERIAL #: _____ e. DATE OF CALIBRATION: _____

f. **MEETS HEARING GUIDELINES:** ☐ Yes ☐ No

RESTRICTED/MEDICAL

7. Blood Pressure/Pulse		
a. Systolic/diastolic	b. Two additional Readings if elevated	c. Pulse

8. Physical Examination

Clinical Evaluation	Normal	Abnormal	Remarks
a. Head, face, neck, and scalp			
b. Nose			
c. Mouth and Throat			
d. Ears			
e. Eyes			
f. Ophthalmoscopic			
g. Ocular motility			
h. Lungs and Chest (Breast, if indicated)			
I Heart			
j. Vascular system (Varicosities, etc.)			
k. Abdomen			
l. Anus and rectum (If indicated)			
m. Endocrine system			
n. Hernia (Any type)			
o. Upper extremities			
p. Feet			
q. Lower extremities			
r. Spine			
s. Identifying body marks, scars			
t. Skin, lymphatics			
u. Neurological			
v. Mental status			

9. Allergies

1.	3.
2.	4.

10. Surgery

Type of Surgery	Date (Mo/Yr)
1.	
2.	
3.	
4	

RESTRICTED/MEDICAL

11. Comments/Implications for Fitness for Duty

12. Physician Signature and Address

a. Physician's Name (Type or Print)	b. Physician Telephone	c. Address
d. Signature	e. Date	

13. Employer Name and Address

IMPORTANT: Examining Physician -- Return all materials supplied by the prospective employee to the employer address provided.	Return to:

In order to comply with ''The Genetic Information Nondiscrimination Act of 2008 (GINA), we ask that you NOT provide any genetic information when responding to this request for medical information. This includes family medical history, results of genetic tests, information regarding genetic services, and genetic information about an individual's or family members' fetus or embryo.

MEDICAL EXAMINATION

REPORT TO EMPLOYING AGENCY

M E M O R A N D U M

TO: _____
(Employing Agency)

_____
(Address)

FROM: _____
(Name)

_____
(Address)

_____
(Address)

In reviewing the medical information/examination of _____, for a _____
(Name of Applicant)

position and performed on _____ by _____, M.D., of _____,
(Date) (Name) (Address)

The physical demands of the position and the working conditions under which work is performed as approved by the State Personnel Board and described in the procedure manual, have been compared with the health status of said prospective employee and the following report is submitted for your consideration:

1. Physically capable to meet the demands of position with:

   a) No limitations ( )
   b) Moderate limitations (not to be transferred to another position without review of medical records). ( )

_____

_____

2. Recommend further examinations: _____

   Remarks: _____

3. Does not meet the physical standards of the position: _____

_____

4. Incomplete or inadequate information: _____

Date: _____ _____ M.D.
(Reviewing Physician)

MS 10-57, February 15, 2005

MEDICAL AND PHYSICAL EXAMINATION PROGRAM

(MAPEP)

Health Information Checklist

This checklist contains questions regarding your medical history and health. The primary use of this information will be to alert the employer and applicant of conditions that could negatively impact the health of customers or co-workers. This information may be used to determine fitness to perform job duties. This information will be handled in a confidential manner. It is essential that you answer all questions truthfully and completely. False or incomplete information may result in disqualification or termination if hired.

Completed by Applicant/Employee

(Type or Print in Ink)

Section I

Date: _____

Employee Name: _____ Social Security Number _____-_____-_____

Last, First Middle

Employing Agency: _____ Date Employed: _____

Section II

Have you now, or ever had the following?	Yes	No
1. Loss of sight of both eyes. Loss of uncorrected (without glasses or contact lens) vision of more than 75% bilaterally (vision of 20/160 or J* or worse using both eyes).		
2. Diabetes		
3. Tuberculosis		
4. Epilepsy (convulsions, seizures or fits)		
5. Ankylosis (immobility) of major weight bearing joints (ankles, knee, hip)		
6. Any permanent condition which causes 20% (or more) impairment of a foot, leg, hand, arm, back, or the body as a whole		
7. Arthritis which is a hindrance to employment		
9. Amputated (loss of) foot, leg, arm, or hand		
10. Parkinson's disease (Paralysis Agitans)		
11. Cerebral palsy		
12. Multiple sclerosis		
13. Mental retardation (intelligence quotient within the lowest two percent of the general population)		

	Yes	No
14. Psychoneurotic disability following confinement for treatment in a recognized medical or mental hospital for a period in excess of six months.		
15. Hemophilia		
16. Sickle cell anemia		
17. Cardiovascular (heart or blood vessel) disease		
18. Total occupational loss of hearing (loss of over half of hearing in each ear)		
19. Compressed air sequelae (damage to lungs, ruptured ear drum, etc e to air concussion, blasting, explosion, etc.)		
20. Muscular dystrophy		
21 Hyperinsulinism (hypoglycemia)		
22. Residual disability from poliomyelitis (Disability due to polio)		
23. Ruptured intervertebral (back) disc		
23. Chronic osteomyelitis (bone infection)		
24. Hepatitis		

REMARKS:_____

_____

_____

_____ _____

Signature of Employee Date

MS 10-500, July 1, 2006

VII. APPENDICES

- **APPENDIX A – O.C.G.A. 45-2-40 – Physical Examinations of State Employees**
- **APPENDIX B – SPB 478-4 – Employment Medical and Physical Examination Program**
- **APPENDIX C – Worksheet of Functional Requirements**
- **APPENDIX D – O.C.G.A. 34-9-368 – Subsequent Injury Trust Fund**
- **APPENDIX E - Glossary**

APPENDIX A

Physical Examinations of State Employees

O.C.G.A. 45-2-40

Medical and Physical Examination of Prospective State Employees

O.C.G.A. 45-2

45-2-40
No person who is otherwise qualified shall be employed in any capacity by the state or any department or agency thereof unless the person is certified as meeting the standards of medical and physical fitness by a qualified medical practitioner within a prescribed number of calendar days after the date of an offer of employment. However, the State Personnel Board may provide for standards of medical and physical fitness for some positions that require only certification by the prospective employee and such certification may be accepted by the respective employing department without further assessment by a medical practitioner.

45-2-41.

(a) The commissioner of administrative serrvices, subject to the approval of the State Personnel Board, shall appoint up to five doctors of medicine licensed by the state and other specialists, as appropriate, to develop standards of medical and physical fitness required for persons about to be appointed to positions in the state service. Such standards shall be related to the duties required of specific positions in the state service. The commissioner of personnel administration shall develop the forms to secure the information needed to determine if prospective employees meet the medical and physical fitness standards required to perform the essential functions of the relevant position.

(b) If a physical examination is required by the standards of medical and physical fitness, a licensed medical practitioner may perform the assessment and report the findings to a physician in the employ of or under contract with the state or respective employing department. The licensed medical practitioner may be of the applicant's choice and at the applicant's expense or may be a licensed physician in the employ of or under contract with the state or respective employing department. When the licensed physician is in the employ of or under contract with the state or respective employing department, the assessment and findings shall be made to the respective department and shall be final, except as provided in the State Personnel Board rules.

(c) The commissioner of personnel administration may, through a competitive proposal process, enter into an agreement on behalf of the departments to contract with medical practitioners for the purpose of conducting assessments for medical and physical fitness as required by the standards of medical and physical fitness. In such case, each department may use the selected contractor as an expense of a departmental employee selection process or may recommend that prospective employees seek the examination at the contractor's site at the prospective employee's expense. If the prospective employee chooses to use a medical practitioner other than one selected by the department or under contract with the state on behalf of the department, the findings and recommendations of such other practitioner shall

be furnished to the medical practitioner selected by the department or under contract with the state on behalf of the department for final determination of the medical and physical fitness of the prospective employee. Expenses for the medical practitioner under contract with the state on behalf of the department shall be paid by the respective employing department based upon the services provided by such medical practitioner.

(d) The State Personnel Board is authorized to establish a fee and make payment of same to the consultants appointed by the commissioner of personnel administration for services rendered in the development of standards of medical and physical fitness for state employees; provided, however, that no state employee shall receive additional compensation for services as a consultant for developing the standards of medical an physical fitness.

(e) The certification required by Code Section 45-2-40 shall be completed as required in the rules of the State Personnel Board; provided, however, that if a physical examination is required by the standards for medical and physical fitness, the physical examination shall be completed prior to the date of appointment, and the reporting of results shall occur within a prescribed number of calendar days from the date of appointment.

45-2-42.
The state department or agency shall furnish to the applicant the standards of medical and physical fitness for the position for which applied in such manner as to enable a medical practitioner to ascertain the physical capacity of the applicant to fulfill the requirements of employment.

45-2-43.
If a physical examination is required, the examining medical practitioner shall make a report certifying that the prospective employee has been examined and certified as not having any condition that would impair the fulfillment of the prescribed duties of the employment. However, if a condition exists which would impair the fulfillment of the prescribed duties, the medical practitioner shall identify such condition, the employing agency shall provide reasonable accommodation to the extent required by the Americans with Disabilities Act, 42 U.S.C. Sec. 12101, et seq., and the medical practitioner shall certify that the prospective employee, with the accommodation, meets the standards of medical and physical fitness for the position. Additional confidential medical information should be given only with the consent of the applicant. The examining medical practitioner shall complete the necessary forms and findings in accordance with the rules of the State Personnel Board. All such medical information shall be retained in a separate, confidential file and not as a part of the personnel file.

45-2-44.
The State Personnel Board, subject to the approval of the Governor, shall adopt and promulgate rules and regulations for the administration of this article. The board, through the commissioner of personnel administration, is authorized to expend allocated funds for the necessary forms and other incidental administrative expenses in effectuating this article. All other expenses shall be

borne by the prospective employee or the respective employing department in accordance with the rules of the board.

45-2-45.
This article shall not apply to department heads, temporary employees, other categories of employees of the state as defined by the State Personnel Board, or to students in the University System of Georgia in the employ of the state, nor shall it apply to any present employee. As used in this Code section, the term 'temporary employee' means a person whose period of employment is of short duration or is part time as defined by the State Personnel Board.

APPENDIX B

Rules of the State Personnel Board Governing the Employment Medical and Physical Examination Program

RULES OF THE STATE PERSONNEL BOARD

CHAPTER 478-4

MEDICAL AND PHYSICAL EXAMINATION PROGRAM

478-4-.01 Definitions.

(1) *Commissioner* and *Commissioner of Administrative Services* are synonymous and mean the chief executive officer of the State Department of Administrative Services. The term also includes any person properly designated by the Commissioner to perform any duty of the Commissioner under these rules. (10-31-96/1-31-97)

(2*) Committee* and *Medical and Physical Standards Committee* are synonymous and mean the body appointed by the Commissioner to advise the Board relative to standards of medical and physical fitness. (10-31-96/1-31-97)

(3) *Department* means any department or agency of the state. (10-31-96/1-31-97)

(4) *Prospective Employee* means any person, other than a department head, who has been offered employment by any state department, who will work at least 30 hours per week, and whose employment shall not be of short-term, temporary, contingent, intermittent, part-time, or student nature. (10-31-96/1-31-97)

(5) *Qualified medical practitioner* means any medically trained person who is licensed to assess the medical and physical condition of a Prospective Employee. (10-31-96/1-31-97)

(6) *State Personnel Board* and *Board* are synonymous and mean the body established by Article IV, Section III of the Constitution of the State of Georgia. (10-31-96/1-31-97)

(7) *State Physician* means any licensed physician who has been employed or contracted by a department or the Commissioner for the purpose of conducting Limited or Full Physical Examinations, assessing the results of the examination for Prospective Employees, or determining if the Prospective Employee meets the standards of physical fitness for the specific position. (10-31-96/1-31-97)

Authority O.C.G.A. Sec. 45-2-40. **History.** Original Rule entitled "Definitions" adopted. F. Feb. 7, 1997; eff Jan. 31, 1997, as specified by the Board.

478-4-.02 General Provisions.

(1) *Applicability*. No Prospective Employee who is otherwise qualified shall be employed on and

after July 1, 1996, in any capacity by the state or any department or agency thereof, unless the person has completed certification or is certified by a qualified medical practitioner as meeting the standards of medical and physical fitness as established by the Board. (10-31-96/1-31-97)

(2) *Records*. All medical information that is completed or collected in any form about a Prospective Employee under the Medical and Examination program shall be confidential and retained separately from other personnel records of the employee. (10-31-96/1-31-97)

(3) *Prospective Employee's Responsibility.* A Prospective Employee may choose to use a medical practitioner other than a State Physician to complete the Limited or Full Physical Examination. The Prospective Employee shall cause the physical examination report to be forwarded to a State Physician to determine if the appropriate standards of physical fitness have been met. (10-31-96/1-31-97)

(4) *Completion of the Physical Examination and Certification*. The Prospective Employee shall complete the self-assessment or the Limited or Full Physical Examination prior to the effective date of employment. The employing department shall require the Prospective Employee who chooses to use a medical practitioner other than a State Physician to submit the Limited or Full Physical Examination assessment to the employing department prior to the date the employee reports to work. The employing department and the Commissioner shall provide for performance requirements that stipulate that a State Physician shall complete the assessment and decision no later than the fortieth day following receipt of the Physical Examination report or conducting the Limited or Full Physical Examination. (10-31-96/1-31-97)

478-4-.03 Organization.

(1) *Functions, Duties and Responsibilities of the State Personnel Board*. The State Personnel Board shall prescribe the general policies by which the Medical and Physical Examination Program shall be administered. Specific functions of the Board are: (10-31-96/1-31-97)

(a) subject to the approval of the Governor, promulgate rules and regulations for the effective administration of the Medical and Physical Examination Program; (10-31-96/1-31-97)

(b) after providing interested parties an opportunity to review and comment, approve the standards of medical and physical fitness that are required by the duties of the specific positions in the state service; (10-31-96/1-31-97)

(c) establish a fee to be paid to consultants for services rendered in the development of standards of medical and physical fitness; however, persons in the employ of the state shall not receive compensation other than the regular salary paid by the employing department or agency. (10-31-96/1-31-97)

(2) *Functions, Duties and Responsibilities of the Commissioner*. The Commissioner shall administer the medical and physical examination and certification program. The Commissioner:

(a) subject to the approval of the State Personnel Board, shall appoint a Medical and Physical Standards Committee consisting of up to five Georgia licensed doctors of medicine or other specialists to develop standards of medical and physical fitness; (10-31-96/1-31-97)
(b) shall develop all forms for administration of the medical and physical examination program, shall develop procedural processes for administration and shall publish the standards for medical and physical fitness; (10-31-96/1-31-97)
(c) may develop appropriate purchasing requests to select through a competitive process and enter into an agreement on behalf of the departments to conduct assessments for medical and physical fitness as required by the standards of medical and physical fitness; (10-31-96/1-31-97)
(d) provide technical assistance to employing departments for complying with the requirements of the Medical and Physical Examination Program. (10-31-96/1-31-97)

(3) *Functions, Duties, and Responsibilities of the Employing Departments*. The department head or his or her designee shall administer the medical and physical examination and certification within the respective department in compliance with the standards of medical and physical fitness. In addition, the department head or his or her designee: (10-31-96/1-31-97)
(a) shall develop policies and processes necessary for compliance with these rules within 120 calendar days of the effective date of these provisions; (10-31-96/1-31-97)
(b) shall advise the Commissioner and Committee on duties required for specific positions in the respective department; (10-31-96/1-31-97)
(c) may employ a licensed physician or contract for services of a licensed physician to be designated as a State Physician to perform the assessment and make a determination as to compliance with the standards of physical fitness for Prospective Employees of the respective department; (10-31-96/1-31-97)
(d) may utilize the statewide contract of State Physician(s) to conduct the Limited or Full Physical Examination and to determine if the Prospective Employee meets the appropriate standards for physical fitness for the specific position; (10-31-96/1-31-97)
(e) may pay the charge for contract services of the State Physician to conduct the Limited or Full Physical Examination for the specific position; (10-31-96/1-31-97)
(f) shall pay any charges for contract services for the State Physician to review Limited or Full Physical Examination reports and decide if the Prospective Employee's physical condition meets the standards of physical fitness for the specific position; (10-31-96/1-31-97)
(g) shall inform the Prospective Employee of the administrative requirements to comply with the Medical and Physical Examination Program and furnish the Prospective Employee with the appropriate forms and standards of medical and physical fitness for the position for which the employment offer has been made. (10-31-96/1-31-97)

Authority O.C.G.A. Sec. 45-2-40. **History.** Original Rule entitled "Organization" adopted. F. Feb. 7, 1997; eff Jan. 31, 1997, as specified by the Board.

478-4-.04 Standards of Medical and Physical Fitness.

(1) The Commissioner shall determine the most appropriate method of collecting information about the duties required of specific positions and shall provide the Committee with departmental collected information that describes the essential functions of specific groups of positions. (10-31-96/1-31-97)

(2) Based upon the information about the essential job functions, comments from departmental representatives, and guidelines provided in state and federal laws, the committee shall formulate recommended standards for medical and physical fitness for specific positions. The standards for medical and physical fitness that are in effect on June 30, 1996 shall remain in effect until modified through these rules. (10-31-96/1-31-97)

(3) Upon approval by the Board of new or revised standards, Prospective Employees who are employed on and after the effective date of the new or revised standards of medical and physical fitness shall be assessed using the new or revised standards. The standards shall include the method of assessment and certification that is required for a decision as to the medical and physical fitness of the Prospective Employee. (10-31-96/1-31-97)

Authority O.C.G.A. Sec. 45-2-40. **History.** Original Rule entitled "Standards of Medical and Physical Fitness" adopted. F. Feb. 7, 1997; eff. Jan. 31, 1997, as specified by the Board.

478-4-.05 Assessment and Certification.

(1) *Self-Assessment*. Positions that require general health conditions may be included in general standards of medical and physical fitness that provides for the Prospective Employee to assess oneself by completing a questionnaire or statement form. (10-31-96/1-31-97)

(2) *Limited Physical Examination*. Positions having essential functions that may involve moderate to heavy physical activity or exposure to conditions that normally place the employee or public in unhealthy risk situations may require a Limited Physical Examination for assessing if the Prospective Employee meets the appropriate standards of medical and physical fitness. The examination may be performed by a State Physician; however, the employee may choose to use any licensed medical practitioner other than a State Physician who is designated by the employing department. (10-31-96/1-31-97)

(3) *Full Physical Examination*. Prospective Employees for positions having essential functions that require strenuous physical activity or potentially life-threatening working conditions shall be assessed by a Full Physical Examination. The examination may be performed by a State Physician; however, the employee may choose to use any licensed medical practitioner other than a State Physician who is designated by the employing department. (10-31-96/1-31-97)

(4) *Certification*. Certification that the Prospective Employee meets the standards of medical and physical fitness may be completed by the Prospective Employee or a State Physician. (10-31-96/ 1-31-97)

(a) A department may accept the self-assessment as self-certification that the individual meets the general standards of medical and physical fitness to perform the essential functions of a position for which the general standards apply; however, the department may refer the form of self-assessment and the essential functions required of the Prospective Employee to a State Physician for assessment and certification that the Prospective Employee meets the standards of medical and physical fitness to perform the essential functions of the position. (10-31-96/1-31-97)

(b) A department may accept the results of the Limited Physical Examination or Full Physical Examination and statement of assessment by a State Physician that the Prospective Employee meets the standards of medical and physical fitness to perform the essential functions of the specific position. (10-31-96/1-31-97)

(c) A department may receive or designate a place for the receipt of the results of a Limited Physical Examination or Full Physical Examination report by a medical practitioner other than a State Physician. Based upon the report and any additional information required to make an assessment, a State Physician shall make an assessment of the results and determine if the Prospective Employee may be certified as meeting the standards of medical and physical fitness to perform the essential functions of the specific position. (10-31-96/1-31-97)

(5) *Cost*. A department may develop a written policy that establishes the conditions under which the department or the Prospective Employee must pay the cost of a Limited or Full Physical Examination. (10-31-96/1-31-97)

(a) *Department Pay*. The respective department may use appropriated funds for payment to pay a State Physician for performing the Limited or Full Physical Examination and certification. (10-31-96/1-31-97)

(b) *Employee Pay*. The respective employing department may develop or participate in a pricing arrangement by which the State Physician may charge the Prospective Employee for a Limited or Full Physical Examination and certification. (10-31-96/1-31-97)

(c) *Employee Pay*. When a Prospective Employee chooses to use a medical practitioner other than a State Physician, the employee shall pay the charge made by the medical practitioner. (10-31-96/1-31-97)

(6) *Reasonable Accommodations*. A department shall provide reasonable accommodation to the extent required by the Americans with Disabilities Act, 42 U.S.C. Sect 12010 et seq. The department shall take into consideration the report from the examining medical practitioner that the Prospective Employee does not have any condition that would impair the fulfillment of the prescribed duties of the position and the certification statement of a State Physician when complying with the requirements of federal and state law. (10-31-96/1-3 1-97)

Authority O.C.G.A. Sec. 45-2-40. **History.** Original Rule entitled "Assessment and Certification" adopted. F. Feb. 7, 1997; eff. Jan. 31, 1997, as specified by the Board.

478-4-.06 Appeal.

(1) *Departmental Policy*. Each department shall establish a written policy that provides the department with an informed opinion when Prospective Employees submit an appeal, regardless of the format under which presented, contesting any requirement of the Medical and Physical Examination Program. (10-31-96/1-31-97)

(2) *Departmental Decision*. Upon receipt of an appeal from a Prospective Employee, the employing department shall review the facts and circumstances, obtain an informed opinion, and issue a final administrative decision to dispose of the appeal. (10-31-96/1-31-97)

(3) *Notice to Commissioner*. A department shall provide to the Commissioner notification of any appeal or litigation filed in any court by a Prospective Employee that alleges a violation of these rules. When a decision regarding the issue is rendered by the appropriate departmental official or court, a copy of the decision shall also be made available to the Commissioner. (10-31-96/1-31-97)

Authority O.C.GA. Sec. 45-2-40. **History.** Original Rule entitled "Appeal" adopted. F. Feb. 7, 1997; eff. Jan. 31, 1997, as specified by the Board.

APPENDIX C

Worksheet of Functional Requirements and Environmental Factors (MS 10-59)

C. JOB FUNCTIONS

List and briefly describe major functions of the job.

List in order of importance, most important first

For each function, indicate percentage of time spent and answer 'yes or no' to the ten questions provided. (NOTE: The response to question ") is a decision about **"essential"** functions under ADA.) For **"essential"** functions, identify equipment, machinery or vehicle required to performance

	Indicates the % of total annual work time typically spent on this function.	a. Does this function need to be done at all?	b. At this time, is the incumbent of this position the only staff member to whom this function can be assigned?	c. Would eliminating this function fundamentally change the job?	d. Does this job exist primarily to do this function?	e. Is special expetise/judgement required?	f. Is special training or education required?	g. Is a license required?	h. Would there be any significant consequence if this is not done?	i. Did the previous incumbent of the position do this?	j. Is this function "**essential**"? (NOTE: Use ADA definition. The more 'yes' responses a-I, the stronger the support for **"essential.)**	For each "essential" functional list any equipment, machinery, or vehicles required to perform the function.
1.												
2.												
3.												
4.												
5.												
6.												

MS 10-59 (Attach additional sheets, if needed.)

D. ESSENTIAL FUNCTIONAL (PHYSICAL) REQUIREMENTS AND ENVIRONMENTAL FACTORS:

Circle the number preceding each functional requirement and each environmental factor involved in the performance of the essential functions marked in section C on the previous page. For circled items, indicate frequency by checking the appropriate box for Occasional (<25%), Frequent (25-75%) or Continuous (75% +)

Functional Requirements

		Occasional (<25%)	Frequent (25-75%)	Continuous (75% +)
1.	Heavy lifting, 45 pounds and over	❑	❑	❑
2.	Moderate lifting, 15-44 pounds	❑	❑	❑
3.	Light lifting, under 15 pounds	❑	❑	❑
4.	Heavy carrying, 45 pounds and over	❑	❑	❑
5.	Moderate carrying, 15-44 pounds	❑	❑	❑
6.	Light carrying, under 15 pounds	❑	❑	❑
7.	Straight pulling	❑	❑	❑
8.	Pulling hand over hand	❑	❑	❑
9.	Pushing	❑	❑	❑
10.	Reaching above shoulder	❑	❑	❑
11.	Use of fingers (e.g., typing)	❑	❑	❑
12.	Both hands required or compensated by the use of acceptable prostheses	❑	❑	❑
13.	Extended sitting	❑	❑	❑
14.	Running	❑	❑	❑
15.	Walking	❑	❑	❑
16.	Standing	❑	❑	❑
17.	Crawling	❑	❑	❑
18.	Kneeling	❑	❑	❑
19.	Repeated bending	❑	❑	❑
20.	Climbing, legs only	❑	❑	❑
21.	Climbing, use of legs and arms	❑	❑	❑
22.	Operation of crane, truck, tractor, or motor vehicle	❑	❑	❑
23.	Ability for rapid mental and muscular coordination simultaneously	❑	❑	❑
24.	Minimal visual requirements (e.g., shapes, shadows, contrasts)	❑	❑	❑
25.	Routine visual requirements (e.g., reading with attention to details; seeing activities near and far)	❑	❑	❑
26.	Acute visual requirements (e.g., microscopic work, high speed driving)	❑	❑	❑
27.	Night vision	❑	❑	❑
28.	Peripheral vision	❑	❑	❑
29.	Depth perception	❑	❑	❑
30.	Ability to distinguish basic colors	❑	❑	❑
31.	Ability to distinguish shades of colors	❑	❑	❑
32.	Ability to smell	❑	❑	❑
33.	Minimal hearing ability (e.g., loud noises, emergency sirens)	❑	❑	❑
34.	Routine hearing ability, (e.g., whispers at close range, voices at 15 feet, converse by telephone)	❑	❑	❑
35.	Acute hearing ability (e.g., use of stethoscope, radio transmission with static)	❑	❑	❑

Environmental Factors

		Occasional (<25%)	Frequent (25-75%)	Continuous (75% +)
1.	Inside	❑	❑	❑
2.	Outside	❑	❑	❑
3.	Excessive heat	❑	❑	❑
4.	Excessive cold	❑	❑	❑
5.	Excessive humidity	❑	❑	❑
6.	Excessive dampness or chilling	❑	❑	❑
7.	Dry atmospheric conditions	❑	❑	❑
8.	Excessive noise	❑	❑	❑
9.	Dust	❑	❑	❑
10.	Fumes, smoke, or gases	❑	❑	❑
11.	Silica, asbestos, etc.	❑	❑	❑
12.	Solvents (degreasing agents)	❑	❑	❑
13.	Grease and oils	❑	❑	❑
14.	Acidic/caustic solutions	❑	❑	❑
15.	Pesticides	❑	❑	❑
16.	Other chemicals (specify) _____	❑	❑	❑
17.	Human blood, body fluids, or tissue	❑	❑	❑
18.	Human wastes	❑	❑	❑
19.	Animal blood, body fluids, or tissue	❑	❑	❑
20.	Animal wastes	❑	❑	❑
21.	Biological agents	❑	❑	❑
22.	Biomedical waste	❑	❑	❑
23.	Radiant energy	❑	❑	❑
24.	Electrical energy	❑	❑	❑
25.	Slippery or uneven walking surfaces	❑	❑	❑
26.	Working around machinery with moving parts	❑	❑	❑
27.	Working around moving objects or vehicles	❑	❑	❑
28.	Working on ladders or scaffolding	❑	❑	❑
29.	Working below ground	❑	❑	❑
30.	Working with sharp instruments	❑	❑	❑
31.	Working with fire, boilers, large hot stoves or the like	❑	❑	❑
32.	Unusual fatigue factors (specify) _____	❑	❑	❑
33.	Cleaning supplies/abrasives	❑	❑	❑
34.	Working with hands in water	❑	❑	❑
35.	Explosives	❑	❑	❑
36.	Combustibles	❑	❑	❑
37.	Vibration	❑	❑	❑
38.	Working closely with others	❑	❑	❑
39.	Working alone	❑	❑	❑
40.	Protracted or irregular hours of work	❑	❑	❑
41.	Other (specify) _____	❑	❑	❑

E. ESSENTIAL FUNCTIONAL COGNITIVE REQUIREMENTS:	F. ESSENTIAL FUNCTIONAL MATHEMATICS REQUIREMENTS:	G. ESSENTIAL FUNCTIONAL COMMUNICATION REQUIREMENT SPEECH:
Circle the number for the highest level of Section C on page 1.	Circle the number for the highest level of any of the **"essential"** functions marked in Section C on page 1.	Circle the number for the highest level of speech communication needed to perform any of the essential functions marked in Section C on page 1.
1. Apply common sense understanding to carry out simple one- or two-step instructions. Deal with standardized situations with occasional or no variables in or from these situations encountered on the job. 2. Apply common sense understanding to carry out detailed but uninvolved written or oral instructions. Deal with problems involving a few concrete variables in or from standardized situations. 3. Apply common sense understanding to carry out instructions furnished in written, oral, or diagrammatic form. Deal with problems involving several concrete variables in or from standardized situations. 4. Apply principles of rational systems to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Interpret a variety of instructions furnished in written, oral, diagrammatic, or schedule form. 5. Apply principles of logical or scientific thinking to define problems, collect data, establish facts, and draw valid conclusions. Interpret an extensive variety of technical instructions, in books, manuals, and mathematical or diagrammatic form. Deal with several abstract and concrete variables. 6. Apply principles of logical or scientific thinking to a wide range of intellectual and practical problems. Deal with non-verbal symbolism (formulas, scientific equations, graphs, musical notes, etc.) in its most difficult phases. Deal with a variety of abstract and concrete variables. Comprehend complex, hard-to-understand concepts.	1. No mathematics requirement. 2. Perform simple addition and subtraction, reading and copying of figures, or counting and recording. 3. Use arithmetic to add, subtract, multiply, and divide whole numbers. 4. Make arithmetic calculations involving fractions, decimals and percentages. 5. Perform ordinary arithmetic, algebraic, and geometric procedures in standard, practical applications. 6. Apply knowledge of advanced mathematical and statistical techniques such as differential and integral calculus, factor analysis, and probability determination, or work with a wide variety of theoretical mathematical concepts and make original applications of mathematical procedures, as in empirical and differential equations.	1. No speech requirement. 2. Expression of a level to verbally respond to supervisors or co-workers in the affirmative or negative. 3. Expression of a level to respond to or make basic requests. Vocalization to alert others to emergencies. Capable of basic verbal exchange, though may not be able to communicate by telephone . 4. Expression of a level to communicate verbally with clients/customers and others to obtain and provide basic information. Able to communicate by telephone. Capable of explaining routine policies and of properly referring more complex cases. 5. Expression of a level to communicate fluently with clients/customers and others to obtain and provide complex information. Vocalize and explain detailed data and problem-solve, both in-person and by telephone. Capable of interpretation of technical materials, oral presentation of reports and able to adapt vocabulary, tone and content for listener. 6. Expression of a level comparable to 5, plus highest order verbal skills such as ability to lecture to large groups, ability to speak on complex issues without prepared notes.

MS 10-59

H. ESSENTIAL FUNCTIONAL COMMUNICATION REQUIREMENT-COMPOSITION	I. TRAVEL REQUIREMENTS
Circle the number for the highest level of composition ability needed to perform any of the essential functions marked in Section C on page 1.	Circle the number for the highest level of travel needed to perform any of the essential functions marked in Section C on page 1.
1. No composition requirement 2. Comprehension and expression of a level to record very limited information such as name and address of client/customer. 3. Comprehension and expression of a level to record fairly uncomplicated information frequently such as filling in report forms, logging entries and taking telephone messages. 4. Comprehension and expression of a level to routinely draft narrative information such as case histories, compose routine correspondence on own initiative, make interview notes. May involve a large volume of such composition. 5. Comprehension and expression of a level to draft lengthy technical documents such as project or research reports, policy position papers and other advanced informational materials requiring grammatical correctness and clarity of expression. Requires facility to compose narrative text and technical data that may vary according to the intended audience. May involve a large volume of such composition. 6. Comprehension and expression of a level comparable to 5, plus highest order of composition skills such as ability to do this as primary function of the job, to draft and edit publication-quality papers, to prepare highly complex documents such as wills and contracts. May involve a large volume of such composition.	1. No travel required. 2. Minimal travel required - ability to travel infrequently (i.e., annually) for activities such as developmental sessions at a centralized training center. 3. Moderate travel required - ability to travel occasionally (i.e., quarterly) for activities such as out-of-town meetings or training sessions. 4. Normal travel required - ability to travel frequently (i.e., weekly-monthly) for activities such as home visits, collateral contacts, transport of clients to appointments, delivering mail, auditing records, inspecting facilities, or other activities requiring frequent travel under normal conditions. 5. Extreme travel required - ability to travel routinely (i.e., daily) under extreme conditions such as all hours of day/night in high risk/dangerous settings such as to remove and place children in protective custody or heavy travel for long distances such as conducting business sessions in various parts of the state or nation.
	J. OTHER SPECIAL DEMANDS: List and explain any other special requirements of the position <u>necessary</u> to perform the essential job functions identified in Section C on page 1.
Reviewer's Name _____ Date _____ Position _____ Reviewer's Signature _____	_____ _____ _____ _____ _____

MS 10-59

APPENDIX D

Dissolution of Subsequent Injury Trust Fund

O.C.G.A. 34-9-368

34-9-368.

(a) The Subsequent Injury Trust Fund **shall not reimburse** a self-insured employer or an insurer for a subsequent injury for which a claim is made for an injury occurring after June 30, 2006. The Subsequent Injury Trust Fund shall continue to reimburse self-insured employers or insurers for claims for injuries occurring on and prior to June 30, 2006, which qualify for reimbursement.

(b) Self-insured employers and insurers shall continue to pay assessments pursuant to Code Section 34-9-358 to the extent necessary to fund claims for injuries occurring on and prior to June 30, 2006.

(c) Upon or in contemplation of the final payment of all claims filed for subsequent injuries for which claims are filed for injuries occurring on and prior to June 30, 2006, the board of trustees shall adopt and implement resolutions providing for the final dissolution of the Subsequent Injury Trust Fund. Such resolutions shall become effective when all claims made for injuries occurring on and prior to June 30, 2006, have been fully paid or otherwise resolved and shall include provisions for:

(1) The termination of assessments against insurers or self-insurers;
(2) The pro rata refund of assessments previously collected and unexpended;
(3) The termination of employment of the employees of the fund or the transfer of employment of any employees to any other state agency desiring to accept them;
(4) A final accounting of the financial affairs of the fund; and
(5) The transfer of the books, records and property of the fund to the custody of the State Board of Worker's Compensation.

Upon completion of all matters provided for in such resolutions, but not later than December 31, 2020, the Subsequent Injury Trust Fund and the members of its board of trustees shall be discharged from their duties except for such personnel necessary to administer any remaining claims.

APPENDIX E

GLOSSARY

GLOSSARY

ANSI - The American National Standards Institute (ANSI) is a private, non-profit organization (501(c)3) that administers and coordinates the U.S. voluntary standardization and conformity assessment system

Audiogram - a graphical representation of a person's auditory sensitivity to sound: a picture of one's hearing

Audiologist – a person who, by virtue of academic degree, clinical training, and license to practice and/or professional credential, is uniquely qualified to provide a comprehensive array of professional services related to the prevention of hearing loss and the audiologic identification, assessment, diagnosis, and treatment of persons with impairment of auditory and vestibular function, and to the prevention of impairments associated with them

Audiometer – an instrument used to measure the sensitivity of hearing

Decibel (dB)– a logarithmic unit of sound intensity

Hepatitis A– inflammation of the liver caused by a virus that is transmitted by ingestion of infected food and water

Hertz (Hz) - a unit of frequency equal to one cycle per second

Hypertension – persistent high blood pressure

Ocular motility – ability of the eye to move spontaneously

Ophthalmoscopic –examination of the interior structures of the eye

Orthosis (bracing) – an external orthopedic appliance that prevents or assists the movement of the spine or limbs

Otoscopic – examination of the interior of the ear, especially the eardrum

Pathogen – an agent that causes disease

Prosthesis – an artificial device used to replace a missing body part such as a limb

Psychoneurosis – mental or emotional disorder

Salmonella typhi– bacteria that causes typhoid

Shigella – bacteria that causes dysentery

Staphylococcus aureus – bacteria that causes food poisoning

Streptococcus pyogenes – bacteria that causes the formation of pus or fatal septicemias

Appendix E