

**COUNTY BOARD OF HEALTH
POLICY # HR-03103
MEDICAL AND PHYSICAL EXAMINATION PROGRAM (MAPEP) POLICY**

Approval:	 District Health Director	5/14/20 Date
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1.0 PURPOSE

This policy contains guidelines to support the Medical and Physical Examination Program (MAPEP) in order to protect County Board of Health Employees from harm or injury due to a pre-existing condition.

2.0 AUTHORITY – The County Board of Health (CBOH) and Physical Examination Program Policy is published under the authority of CBOH and in compliance with the following:

- 2.1** Official Code of Georgia Annotated (OCGA), Sections: (O.C.G.A. 45-2-40, *et seq.* - Physical Examination of State Employees)
- 2.2** Rules of the State Personnel Board
- 2.3** The State of Georgia Manual for the Medical and Physical Examination Program, Department of Administrative Services (on DOAS website)

3.0 SCOPE

This policy applies to employees of the County Board of Health.

4.0 POLICY

It is the policy of the County Board of Health (CBOH) to support the Medical and Physical Examination Program (MAPEP) which was developed to:

- 4.1** Ensure that prospective employees are physically capable of carrying out the duties of the job;
- 4.2** Protect prospective employees from possible harm associated with employment, which may occur due to pre-existing physical conditions;

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- 4.3 Protect the CBOH and State from potential liability under workers' compensation laws for conditions arising after employment, but caused in whole or part by pre-existing physical conditions; and, other related reasons.

5.0 DEFINITIONS

- 5.1 CBOH – County Board of Health
- 5.2 MAPEP - Medical and Physical Examination Program
- 5.3 HR - Human Resources

6.0 RESPONSIBILITIES

- 6.1 Human Resources is responsible for issuing and updating procedures to implement this policy.
- 6.2 Human Resources is responsible for ensuring compliance with this policy.

7.0 PROCEDURES

7.1 PROCESS

- 7.1.1 MAPEP requires that prospective employees of the CBOH satisfactorily complete a self-assessment form or be determined qualified by a medical practitioner as meeting the standards of medical and physical fitness established for the job.
- 7.1.2 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 employment, and the reporting of results is to be completed within forty (40) calendar days of employment.

- 7.1.3 A prospective employee is any individual offered employment with the CBOH whose employment **will not be** as a supervisor; fewer than 30 hours per week; or temporary [time-limited duties not expected to continue for at least nine (9) months].

7.2 JOB CATEGORIES

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7.2.1 CBOH jobs have been assigned to one of five job categories. The job categories for the Medical and Physical Examination Program (MAPEP) are included in this policy (see section 7.2.1.3). Unique positions may be reviewed to determine the appropriate job category. A request for review should be submitted to Human Resources.

7.2.1.1 A job is assigned to a category based on functional requirements; working conditions and environmental factors. Job category designation is also affected by the level of medical/fitness screening determined necessary for the job.

7.2.1.2 Standards of medical and physical fitness have been developed for each job category.

7.2.1.3 The following lists the types of jobs usually included in each category:

7.2.1.3.1 CATEGORY 1 - Generally desk or office jobs with little or no physical work or no unusual working conditions;

7.2.1.3.2 CATEGORY 2 - Various active jobs with moderate to heavy physical activity (e.g., heavy lifting, pushing or pulling) or moderate to consistent exposure to working conditions of potential concern for certain health conditions (e.g., exposure to excessive heat, use of knives, drills or other sharp objects);

7.2.1.3.3 CATEGORY 3 - Food-handling jobs;

7.2.1.3.4 CATEGORY 4 - Health-related jobs, which may include exposure to the following:

- air-borne pathogens,
- blood-borne pathogens,
- human body parts or products, or
- hazardous chemicals or radiation;

7.2.1.3.5 CATEGORY 5 - Jobs involving strenuous physical activity and/or extreme or potentially life-threatening working conditions. Most law enforcement and P.O.S.T. certified jobs are included in this category.

7.3 MAPEP FORMS

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- 7.3.1** A copy of the standards for medical and physical fitness for the specific job and the required MAPEP forms should be provided to each prospective employee upon the offer of employment.
- 7.3.2** Any unusual functional requirements or working conditions are to be noted on the General Information Form (MS 10-51-03) in order to advise the prospective employee and to justify possible further review of medical/fitness condition.
- 7.3.3** The following chart identifies the minimum forms required for each job category:

REQUIRED MAPEP FORMS	JOB CATEGORY				
	1	2	3	4	5
GENERAL INFORMATION FORM (MS 10-51-03)	X	X	X	X	X
MEDICAL FINDINGS FORM (MS 10-56)					X

7.4 TYPES OF ASSESSMENT

- 7.4.1** Depending on the job, a prospective employee must satisfactorily complete a General Information Form, and complete a limited or full physical examination prior to the date of employment, if applicable.
- 7.4.2** A satisfactorily completed General Information Form may be accepted for jobs that have general standards for medical and physical fitness. (Generally applies to Categories 1-4.)
- 7.4.3** A **limited physical examination** may be required for specific positions with essential functions that involve moderate to heavy physical activity or exposure to conditions that normally place an employee or the public in unhealthy risk situations. (May apply to any Category 1-5.)
- 7.4.4** A **full physical examination** will be required for jobs with essential functions that require strenuous activity or potentially life-threatening working conditions. (Generally applies to Category 5.)

7.5 CHOICE OF MEDICAL PRACTITIONER

- 7.5.1** A prospective employee who is required to have a limited or full physical examination may either report to a medical practitioner designated by the County Board of Health or to a qualified medical practitioner of the prospective employee's choice.

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7.5.2 There is no cost to a prospective employee for a required physical examination conducted by a medical practitioner designated by the County Board of Health. The prospective employee will be responsible for the cost of a required physical examination if he/she chooses a qualified medical practitioner not designated by the County Board of Health.

7.6 REVIEW AND DECISION

7.6.1 The physical demands of the job and the working conditions under which work is performed will be compared with the health status of the prospective employee. A determination will be made regarding the prospective employee's physical capability to perform the essential functions of the job.

7.6.2 If the medical practitioner identifies a condition that would hinder a prospective employee from fulfilling the prescribed duties of the job, reasonable accommodation will be considered. A determination of whether reasonable accommodation can be offered will be made on a case-by-case basis.

7.6.3 A prospective employee who does not meet the medical, psychological or physical standards of a job, with or without reasonable accommodation, cannot be employed in that job.

7.7 APPEAL

7.7.1 A prospective employee may file an appeal contesting any requirement of the Medical and Physical Examination Program.

7.7.1.1 The appeal must be filed in writing with HR.

7.7.1.2 The appeal must be filed within ten (10) calendar days of becoming aware of the contested requirement.

7.7.2 The appeal will be reviewed and a written response will be issued to the prospective employee within fifteen (15) calendar days of receiving the appeal. This response is the final decision on the appeal.

7.7.3 A copy of the appeal and final decision will be maintained with the recruitment file.

7.8 RECORD KEEPING

7.8.1 All medical information obtained as a result of the Medical and Physical Examination Program is **confidential** and will be accessible only on a need-to-know basis.

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7.8.2 This information will be filed separately from other personnel records.

8.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	March 27, 2014	Initial Issue
	September 24, 2015	Annual Review
1	June 5, 2018	Annual Review – Revised 3.0, 6.2.1, 6.3.3, 6.4.1, 6.4.2, 6.5.2 and Related Forms
2	April 24, 2020	Annual Review -- Revised 2.0, 5.3, 6.1, 6.2, 7.1.3, 7.7.1.1 and Related Forms

9.0 RELATED FORMS

Medical and Physical Examination Program: General Information Form (MS 10-51-03)
Medical and Physical Examination Program: Medical Findings (MS 10-56)

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 Employee

1. Employee Name: _____ Last First Middle	2. _____ - _____ - _____ Social Security Number		
3. Race _____	4. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	5. _____ Date of Birth	6. _____ 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. Have you been provided detailed information on the duties of this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you understand the functional requirements and environmental factors of this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are you capable of performing the duties and responsibilities of this position (with reasonable accommodations, if necessary, as described in Section A, Item #17)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>For the following questions, explain a "Yes" answer in the space provided below</i>	
15. Have you ever been employed by the State of Georgia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you had a physical examination for employment with the State of Georgia within the past twelve month period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of items 15-17 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.

18. _____
Signature of Employee

19. _____
Date

B: Completed by Employer

1. 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) _____

2. Check job category:

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

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

4. Were any "reasonable accommodations" needed?

If "Yes," describe: Yes No

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

6. _____
Signature of Official Contact

7. _____
Date

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

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.

Medical Findings

1. Examinee's Name		2. SSN		3. Height (Feet, Inches)		4. Weight (pounds)									
5. Vision Evaluation															
Depth Perception				Peripheral Vision											
Within Normal Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				Right Eye _____ Left Eye _____											
Distant Vision				Near Vision											
a. Without Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____				b. Without Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____											
c. With Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____				d. With Glasses <input type="checkbox"/> Right 20/ _____ Left 20/ _____											
e. Is color vision normal when Ishihara or other color plate test is used? <input type="checkbox"/> Yes <input type="checkbox"/> No				f. If the answer is "No", can applicant pass lantern or other compatible? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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

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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:
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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.