

## Appendix Number 34

SUBJECT: PRE-EMPLOYMENT EVALUATION PROGRAM

### PURPOSE

- A. To select candidates who are physically fit to perform physically demanding tasks at the work place.
- B. To select candidates who are able to perform their duties effectively and safely.
- C. To select candidates who can perform their duties without endangering their safety and well-being or the safety and well-being of others.
- D. To fill job vacancies as they occur with the most qualified applicants available and to build up a reserve of qualified personnel who can perform the required employment tasks.
- E. To identify and select such handicapped persons who are able to perform job-related tasks when “reasonable accommodation” has been extended by the agency.
- F. To provide up-to-date, job-related physical fitness information to agencies hiring candidates who will be required to perform physically demanding tasks for their employment.
- G. To reduce disability retirement costs, health insurance costs, short-term disability and long-term disability costs, and workers’ compensation costs.
- H. To establish policies and procedures for obtaining a pre-employment evaluation.

### POLICY

- A. All Departments and Divisions desiring to hire new employees will be required to have said individuals examined by a medical professional approved by the Utah Local Governments Trust. This requirement pertains to the filling of full time, part time, temporary, seasonal, and any and all other employee classifications
- B. Job applicants will be hired only after they have successfully passed the pre-employment evaluation and other testing processes as given by the supervisor, manager, or a department head who has been delegated such hiring authority and responsibility.
- C. Before a person is accepted as an applicant, he/she shall be informed of the physical tasks that will be required to perform the job assignment.
- D. Before an applicant is accepted as an employee the applicant shall be informed that as a condition of employment he or she must be medically approved as physically fit for the duties that must be performed.
- E. A pre-employment evaluation shall be required for employment positions which require considerable physical labor and exertion, including such activities as bending, stooping, twisting, lifting, carrying, pulling, pushing, climbing, and extensive and frequent walking.

F. Evaluations are required for:

1. All new employees,
2. Rehired persons,
3. Persons returning from leave-of-absence, or
4. Persons returning from non-duty related disability.

G. The following Job Physical Demand (JPD) Categories listed in order of increasing severity of physical requirements apply to job classifications and positions.

1. Category I - Sedentary Work

This category is limited to those sedentary jobs with practically no lifting, carrying, and/or little walking. No regular positions have been assigned to this category, but on occasion there may be certain job classification assigned to this category by respective department heads and the consultant so as to designate a job permitting the employment of an applicant with marked physical limitations.

2. Category II - Light Work

This category includes administrative and clerical positions which require light physical effort. It may include frequent lifting of up to ten pounds and occasional lifting of up to 25 pounds. Some bending, stooping, and /or lifting will be required. Considerable walking may be involved.

3. Category III - Medium Work

This category requires that the person stand or walk most of the time with bending, stooping, squatting, twisting, reaching, and working on irregular surfaces or at heights above the ground. It may also include those positions with identified occupational exposure, i.e. noise, pulmonary irritants.

4. Category IV - Heavy Labor

This category involves frequent lifting of 25-50 pounds with occasional lifting of up to 100 pounds or more. This is often combined with bending, twisting, or working on irregular surfaces or at heights above the ground. It also applies to positions subject to sudden physical demands.

5. Category V - "Safety"

This category includes positions such as peace officers, firefighters, correctional officers, etc., with the exposure to sudden physical and emotional demands and the need to physically defend oneself and/or restrain recalcitrant individuals, in addition to the physical demands of JPD Class IV. Some positions require the use of weapons.

- H. All pre-employment evaluations shall be administered by medical professionals.
- I. An individual found to be unqualified by medical experts to perform the job-related duties associated with a specific position shall not be hired for that position.
- J. Applicants with temporary or correctable disqualifications shall be given an opportunity to correct such deficiencies and be placed on a hiring register for future positions.
- K. In such cases of temporary or correctable disqualification, a corrective program will be designed by the medical expert. When such disqualifications have been corrected, the applicant shall be scheduled for a “recheck” evaluation by the examining medical professional.
- L. Failure to conscientiously pursue a prescribed corrective program or failure to correct the medical defect shall be cause for withdrawal of the applicant from further consideration.
- M. Falsification of any questions on the pre-employment evaluation forms or questions asked by the medical professional shall be grounds for dismissal from further consideration or employment.
- N. Recognizing that mentally and physically handicapped persons are a valuable resource that should be fully utilized, and that such utilization benefits both the handicapped worker and the agency, employment opportunities to handicapped workers will be provided to the maximum legal extent.

Recruitment, examination, selection, and other personnel actions relating to the handicapped will be based on their ability to perform job-related work; however, handicapped workers will not be employed under the following conditions:

1. the person is not able to perform the job at an acceptable level of performance after “reasonable accommodations” have been made;
  2. the person cannot perform the job without endangering his/her safety or the safety of others; or
  3. hiring a handicapped person would require unreasonable costs and accommodations.
- O. If, in the opinion of the Department Head, a position can be filled by a handicapped person, this should be indicated on the Personnel Department Employee Referral form, with a description of the type of limitations which would be acceptable.
  - P. Agencies refusing to use the pre-employment evaluation process may jeopardize coverage and risk-increased premium costs.
  - Q. Agencies hiring persons disqualified by medical professionals during the pre-employment process may jeopardize coverage and risk-increased premium costs.
  - R. Medical reports are confidential and shall not be made available to unauthorized persons.
  - S. Notice of all medical determinations shall be sent to the agency.
  - T. The costs for the pre-employment evaluation shall be paid for by the agency.
  - U. The entire pre-employment examination process shall be conducted without regard for race, color, religion, national origin, age, sex, or handicap of the individual applicants.

## DEFINITIONS

- A. Handicap - Any physical or mental impairment which substantially limits one or more of a person's major life activities.
- B. Permanent Health Impairment - A condition which cannot be completely corrected.
- C. Stationary Health Impairment - A condition which is stabilized under medical control.
- D. Unauthorized Persons - Anyone other than the agency.

## PROCEDURE

- A. Before a person is accepted as an applicant they shall be informed of the physical tasks that will be required to perform the job assignment.
- B. The Department or Division will prepare a Medical Examination Authorization form which the prospective employee will present to the authorized examiner.
- C. The subject will take the completed form to the medical professional designated by the agency to complete the physical evaluation.
  - 1. Based on job-related criteria, the medical professional will determine if the subject is physically qualified, physically unqualified, or physically qualified with restrictions for the respective jobs requirements.
  - 2. The medical professional will complete and return the appropriate form to the agency.
  - 3. If the applicant successfully passes the pre-employment evaluation examination, pre-employment processing shall continue.
  - 4. If the applicant is found to have a temporary or correctable disqualification, a corrective program will be designed by the medical professional. At the end of the corrective program, the applicant will be given a "recheck" examination. If he/she passes this examination, pre-employment processing shall continue.
  - 5. Applicants who are permanently disqualified from a position may apply for other positions for which they are physically and otherwise qualified.
- D. Job applicants will be hired only after they have successfully passed the pre-employment evaluation and other testing procedures as given by the supervisor, manager or a department head that has been delegated such hiring authority and responsibility.

## JOB PHYSICAL DEMAND CATEGORIES

The following Job Physical Demand (JPD) Categories apply to job classifications and positions within your agency. They are listed below in order of increasing severity of physical requirements.

### JPD Category I - Sedentary Work

This category is limited to those sedentary jobs with practically no lifting or carrying and/or little walking. No regular positions have been assigned to this category, but on occasion there may be certain job classifications assigned to this category by respective department heads and the consultant so as to designate a job to permit the employment of an applicant with marked physical limitations.

### JPD Category II - Light Work

This category includes administrative and clerical positions which require light physical effort. It may include frequent lifting of up to ten pounds and occasional lifting of up to 25 pounds. Some bending, stooping, and/or lifting will be required. Considerable walking may be involved.

### JPD Category III - Medium Work

This category requires that the person stand or walk most of the time with bending, stooping, squatting, twisting, reaching, and working on irregular surfaces or at heights above the ground. It may also include those positions with identified occupational exposure, i.e., noise, pulmonary irritants, work with toxic materials.

### JPD Category IV - Heavy Labor

This category involves frequent lifting of 25-50 pounds with occasional lifting of up to 100 pounds or more. This is often combined with bending, twisting, or working on irregular surfaces or at heights above the ground. It also applies to positions subject to sudden physical demands.

### JPD Category V - "Safety"

This category includes positions such as peace officers, firefighters, correctional officers, etc., with the exposure to sudden physical and emotional demands and the need to physically defend oneself and/or restrain recalcitrant individuals, in addition to the physical demands of JPD Class IV. Some positions require the use of weapons.

PHYSICAL DEMAND CHARACTERISTICS OF WORK

<u>LEVEL</u>	<u>WEIGHT LIFTED</u>	<u>FREQUENCY OF LIFT</u>	<u>WALKING/CARRYING</u>	<u>TYPICAL ENERGY REQUIREMENTS</u>
Sedentary	10 Lbs or Less	Infrequently	None	1.5 Mets
Sedentary-Light	15 Lbs 10 Lbs or Less	Infrequently Frequently	Intermittent Self-Paced No Load	2.0 Mets
Light*	20 Lbs 10 Lbs	Infrequently Frequently	2.5 MPH No Grade or Slower Speed with 10 Lbs or less	2.5 Mets
Light-Medium	35 Lbs 20 Lbs or Less	Infrequently Frequently	3.0 MPH No Grade or Slower Speed with 20 Lbs or Less	3.0 Mets
Medium	50 Lbs 25 Lbs or Less	Infrequently Frequently	3.5 MPH No Grade or Slower Speed with 25 Lbs or Less	3.5 Mets
Medium-Heavy	75 Lbs 35 Lbs or Less	Infrequently Frequently	3.5 MPH No Grade with 35 Lbs Load or 115 Lbs Wheelbarrow 2.5 MPH No Grade	4.5 Mets
Heavy	100 Lbs 50 Lbs or Less	Infrequently Frequently	3.5 MPH with 50 Lbs or Less Load	6.0 Mets
Very Heavy	In Excess of 100 Lbs 50 Lbs to 100 Lbs	Infrequently Frequently	3.5 MPH with 50 Lbs or More Load	7.5-12.0 Mets

\* Even though the weight lifted may be negligible, the job is considered “light” if it requires a significant amount of walking or standing or frequent use of arm and/or leg controls.

FOR USE BY PHYSICIANS

EVALUATION REFERRAL

To \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SSN \_\_\_\_\_

In an emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

He/She is being considered for employment as a (Job Title) \_\_\_\_\_

The general duties are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special physical requirements \_\_\_\_\_

\_\_\_\_\_

JPD Category \_\_\_\_\_

This is a \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary-Seasonal \_\_\_\_\_ Position

If you have any questions, please direct them to:

\_\_\_\_\_

Name

\_\_\_\_\_

Agency

\_\_\_\_\_

Telephone Number

NOTE: The completed evaluation should be placed in a sealed envelope and sent to the agency.

PRE-PLACEMENT MEDICAL HISTORY AND EXAMINATION FORM  
FOR PROSPECTIVE EMPLOYEES

To be completed by medical professional

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SSN \_\_\_\_\_

In an emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Type of Employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary/Seasonal \_\_\_\_\_

Examination authorized by: \_\_\_\_\_ Department/Division \_\_\_\_\_

Job Title \_\_\_\_\_ JPD Category \_\_\_\_\_

Duties \_\_\_\_\_

Check "Yes" or "No" to all questions:

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Were you ever injured or treated by a physician for an on-the-job injury?      | _____      | _____     |
| 2. Did you or your company file a workers' compensation or company injury report? | _____      | _____     |
| 3. Did you receive any money or disability rating because of this injury?         | _____      | _____     |
| 4. Were you ever injured or treated by a physician while in the military service? | _____      | _____     |
| 5. Are you presently under the care of a physician? If so, why? _____             | _____      | _____     |
| 6. Has a physician ever recommended an operation and you <u>did not</u> have it?  | _____      | _____     |
| 7. Is there any type of work that you are physically unable to do?                | _____      | _____     |

HEALTH HISTORY: Do you have or have you ever had:

MUSCULOSKELETAL:

- |  |       |       |
|--|-------|-------|
| 8. Arthritis, rheumatism                   | _____ | _____ |
| 9. Back surgery                            | _____ | _____ |
| 10. Bone, joint, other deformity of back   | _____ | _____ |
| 11. Treatment for back strain or pain      | _____ | _____ |
| 12. Painful or trick knee, shoulder, elbow | _____ | _____ |
| 13. Rupture or hernia                      | _____ | _____ |
| 14. Spinal curvature, scoliosis            | _____ | _____ |

NEUROLOGIC:

- 15. Frequent or severe headaches \_\_\_\_\_
- 16. Head injuries / loss of consciousness \_\_\_\_\_

MISCELLANEOUS:

- 17. Disabled, hospitalized, or treated for emotional/mental disorders \_\_\_\_\_

ADDITIONAL HISTORY:

- 18. Are you currently taking medication of any kind? \_\_\_\_\_

19. HAND(S) \_\_\_\_\_ Both \_\_\_\_\_ One \_\_\_\_\_ Right \_\_\_\_\_ Left

20. FINGER(S) \_\_\_\_\_ Arm \_\_\_\_\_ 1 or 2 Missing \_\_\_\_\_ 2 or more missing \_\_\_\_\_ 1 Hand \_\_\_\_\_ Both

21. ANY AMPUTATIONS: \_\_\_\_\_ None \_\_\_\_\_ Full \_\_\_\_\_ Partial \_\_\_\_\_ Leg \_\_\_\_\_ Arm \_\_\_\_\_ Hand  
\_\_\_\_\_ Finger(s) \_\_\_\_\_ Foot \_\_\_\_\_ Feet

22. DEXTERITY OR MOTION OF:

Good Average Poor None

Arms \_\_\_\_\_

Legs \_\_\_\_\_

Hands \_\_\_\_\_

Finger(s) \_\_\_\_\_

Hip(s) \_\_\_\_\_

Shoulder(s) \_\_\_\_\_

Back injury: Previous injury \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Motion Limitation \_\_\_\_\_  
\_\_\_\_\_ Lifting Limitations \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ (# of Pounds) \_\_\_\_\_

23. EYES: Wears Glasses: \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Clear Lens \_\_\_\_\_ Shaded Lens  
Visual Deficiencies: \_\_\_\_\_ Near-sighted \_\_\_\_\_ Far-sighted \_\_\_\_\_ Color Blind  
\_\_\_\_\_ Blind: \_\_\_\_\_ One Eye \_\_\_\_\_ Both Eyes

24. EARS: \_\_\_\_\_ Deaf: \_\_\_\_\_ One Ear \_\_\_\_\_ Both Ears  
\_\_\_\_\_ Hard of Hearing: \_\_\_\_\_ One Ear \_\_\_\_\_ Both Ears  
\_\_\_\_\_ Hearing Aid Used: \_\_\_\_\_ One Ear \_\_\_\_\_ Both Ears

25. CARDIOVASCULAR and RESPIRATORY SYSTEM: \_\_\_\_\_ Hypertension \_\_\_\_\_ Hypotension  
\_\_\_\_\_ Heart Disease \_\_\_\_\_ Breathing Difficulties  
\_\_\_\_\_ No \_\_\_\_\_ Yes Explain \_\_\_\_\_

- 26. SUMMATION: A. \_\_\_\_\_ No Physical Impairments
- B. \_\_\_\_\_ Physical Impairments noted above
- C. \_\_\_\_\_ Meets Physical Job Requirements as shown in Job Safety Analysis
- D. \_\_\_\_\_ Meets Physical Job Requirements with the following suggested restrictions:

Explain any "yes" answers, indicating number and reason for checking "yes":

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Recommendations: Unlimited \_\_\_\_\_

Limited (describe limitations) \_\_\_\_\_

Not Recommended

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Note: CBC, Urine, Test Reports must be made only if specifically requested by hiring agency.

\_\_\_\_\_  
Doctor's Signature M.D.

\_\_\_\_\_  
Date

CERTIFICATE OF APPLICANT: I certify that all statements made in this questionnaire are true, and I agree and understand that misstatements or omissions of material facts herein will forfeit my rights to any employment with \_\_\_\_\_. I hereby authorize the agency to use all information given above or obtained in related questionnaires and/or medical examinations for any purpose related to my employment with the agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: