



Shadowfax
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This is a 2-sided form.

STAFF PHYSICAL EXAMINATION
 Name _____

This form must be completed by the health professional who does the exam.

1. Is the patient in good general health as certified by this general physical examination?
 Yes
 No If no, explain _____
2. Is the patient free from communicable diseases? (Please check one below.)
 No known communicable disease.
 The patient HAS a communicable disease. However, the patient will not pose a threat to the health, safety, or well-being of the individuals. Specific instructions and precautions to be taken for the protection of the individuals: _____
 The patient HAS a communicable disease which is likely to spread to others in the course of their work responsibilities.
3. Does the patient have any special medical problems, limitations, or restrictions which might interfere with the health of the individuals?
 Yes If yes, please specify _____
 No
4. Does the patient have any special medical problems, limitations or restrictions which might prohibit the patient from performing the essential functions of the position, with or without an accommodation?
(Essential functions and/or physical requirements of all positions are listed on the back of this form.)
 Yes IF YES, COMPLETE THE REVERSE SIDE OF THIS FORM.
 No
5. If the patient should choose to receive the Hepatitis B vaccination, are there any medical reasons why he/she should not receive it?
 Yes If yes, please specify _____
 No
6. Is the patient able to perform CPR on the floor in a kneeling position?
 Yes
 No If no, explain _____
7. Has the patient received the COVID vaccination?
 Yes
 No If no, is the patient planning to receive the vaccination, and if so, when? _____

8. Is the individual free from communicable disease per: Mantoux OR Quantiferon?

Mantoux administered by Physician, PA, PA-C, Nurse Practitioner, RN or LPN:

Print First & Last Names: _____

Signature & Title: _____

Date Administered: _____

Mantoux read by Physician, PA, PA-C, Nurse Practitioner, RN or LPN:

Print First & Last Names: _____

Signature & Title: _____

Date read: _____ *Results:* _____

Quantiferon results verified by:

Print First & Last Names: _____

Signature & Title: _____

Date: _____ *Results:* _____

IMPORTANT:
 Only the following
 medical
 professionals may
 administer and/or
 read this test:

Licensed Physician
 PA, PA-C
 CRNP
 RN
 LPN

9. A positive skin test is to be followed by one negative chest x-ray and an asymptomatic history at this health appraisal.

 Name & Address of Licensed Physician, CRNP, PA, or PA-C

 Phone Number

 Signature of Physician

 Date of Examination

DO NOT COMPLETE the information below UNLESS the answer to question #4 on the reverse side was YES.

Stand/Walk (check one):

- Patient has NO LIMITATIONS standing/walking at work
- Limit standing/walking to _____
- May NOT stand/walk at all
- Other _____

Sitting (check one):

- Patient has NO LIMITATIONS with sitting at work
- Limit sitting to _____
- May NOT sit at all
- Other _____

Using Hands (check one):

- Patient has NO LIMITATIONS with using hands
- Limit RIGHT hand use to _____
- May NOT use RIGHT hand at all
- Limit LEFT hand use to _____
- May NOT use LEFT hand at all
- Other _____

Bending (check one):

- Patient has NO LIMITATIONS with bending at work
- Limit bending to _____
- May NOT bend at all
- Other _____

Climbing (check one):

- Patient has NO LIMITATIONS with climbing at work
- Limit climbing to _____
- May NOT climb at all
- Other _____

Squatting (check one):

- Patient has NO LIMITATIONS with squatting at work
- Limit squatting to _____
- May NOT squat at all
- Other _____

Lifting (check one):

- Patient has NO LIMITATIONS with lifting at work
- Limit lifting to _____
- May NOT lift at all
- Other _____

Pushing (check one):

- Patient has NO LIMITATIONS with pushing at work
- Limit pushing to _____
- May NOT push at all
- Other _____

Pulling (check one):

- Patient has NO LIMITATIONS with pulling at work
- Limit pulling to _____
- May NOT pull at all
- Other _____

Reaching above shoulder level (check one):

- Patient has NO LIMITATIONS with reaching above the shoulder level at work
- Limit reaching above the shoulder level to _____
- May NOT reach above the shoulder level at all
- Other _____

Twisting (check one):

- Patient has NO LIMITATIONS with twisting at work
- Limit twisting to _____
- May NOT twist at all
- Other _____

Job Description Summaries

Direct Support Professional, Community Participation Support, Employment Specialist, Associate Director, Program Manager, Production Coordinator, Scheduler

May include direct care of individuals with intellectual and developmental disabilities, such as personal care, safety, medication administration, household management, and documentation. May include transporting and advocating for individuals, implementing communication strategies, and utilizing conflict management.

Program Specialist

Responsible for developing, coordinating, and revising Individual Support Plans (ISPs). Responsible for individuals in the programs, ensuring their health, safety and welfare by overseeing the ISP programming, and also ensuring that it meets regulatory guidelines. Responsible for the individuals' activities, and the coordination and completion of assessments, to be sure all components are included and reflect the person's current status.

Driver

Provides professional delivery /pick-up services for all production vendors. Provides material handling, including packing, maintaining records and documentation, and assisting with general production needs. Must be able to physically perform the duties of the job including lifting and transferring; must be able to bend, twist, stoop, and lift repeatedly.

General Maintenance

Primary responsibility is to ensure all repairs at assigned facilities and/or homes are done correctly and in a timely manner. Requires competence through technical knowledge and critical skills. Includes but not limited to painting, drywall, simple plumbing/electrical, mowing, etc. Must be able to physically perform the duties of the job including lifting and transferring. Must be able to bend, twist, stoop and lift repeatedly.

Housekeeping Responsible to clean the facility thoroughly and efficiently, which includes but is not limited to restrooms, lobby areas, floors, lunch-rooms, and meeting areas, plus related tasks.

RN/LPN Responsible for medical issues of individuals in the programs, to ensure their health, safety, and welfare. Includes but not limited to transporting and advocating for individuals, maintaining records/documentation, and medical care.