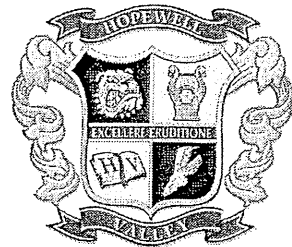


Hopewell Valley Regional School District

Human Resources Department
425 South Main Street
Pennington, NJ 08534

609-737-4000, ext. 2401, 2402
asuozzo@hvrds.org



New Hires

New Jersey Administrative Code requires that all school employees undergo a physical examination. These exams may be conducted by a physician or institution designated by the Board, or by a physician or institution selected by the employee and approved by the Board. **The cost of an examination conducted by the physician or institution designated by the Board will be borne by the Board. The cost of an examination conducted by the physician or institution chosen by the employee will be borne by the employee.**

To comply with this regulation, please have the enclosed form completed by your physician or by our Board-designated institution. The completed form will be kept confidential and stored separately from your personnel file.

If you have any questions, please do not hesitate to contact Human Resources at extension 2402.

Locations for New Employee Health Services:

PRINCETON SPORTS AND FAMILY MEDICINE

3131 Princeton Pike

Building 4A, Suite 100

Lawrenceville, NJ 08648

CONTACT:

~~Elizabeth~~ Stephens

ELAINB CHAN

(609) 803-2426

EMPLOYMENT PHYSICAL

Hopewell Valley Regional School District Board of Education
Employment Physical Examination Form

Name: _____ Date: _____

Position: _____ DOB: _____

Height _____ Weight _____ Pulse/Respiratory Rate _____ BP _____

Vision _____ Hearing Screening _____

Mantoux Test: Date Read _____ Result _____ mm _____

If positive TB test: Date of X-ray: _____ Results of X-ray: _____

Health history of past serious illnesses and injuries: _____

Current health problems: _____

Allergies: _____

General health at present: _____

Does the employee/applicant require any adaptations or accommodations to perform job responsibilities: _____

In your estimation, is there any reason why this person could not perform the duties for which he/she has been employed? _____

Physician's Name: _____

Physician's Stamp:

Telephone: _____

Signature of Physician: _____