

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 305.07	Page 1 of 3
	Effective Date: June 1, 2022	
	Distribution: A	
	Supersedes: 305.07 (1/15/2019)	
Approved by: Lisa Helton		
Subject: MEDICAL SCREENINGS OF NEW CENTRAL OFFICE EMPLOYEES		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that all new central office employees of the Tennessee Department of Correction (TDOC) receive a pre-assignment medical screening prior to job placement.
- III. APPLICATION: All new TDOC employees assigned to Central Office, Office of Inspector General, Office of Investigations and Conduct, and Contract Monitors for privately managed facilities who have not had a prior medical screening with the TDOC.
- IV. DEFINITIONS:
 - A. Central Office Employees: For the purpose of this policy only, all employees of the TDOC that are assigned to Central Office, Office of Inspector General, Office of Investigations and Conduct, and Contract Monitors for privately managed facilities (excluding those employees whose duties require the use of weapons).
 - B. Qualified Medical Provider: For the purpose of this policy only, a licensed physician, nurse practitioner, physician assistant, registered nurse, or licensed practical nurse.
- V. POLICY: All new Central Office employees who have not had a prior medical screening with the TDOC shall receive a medical screening prior to their job assignment. The purpose of this screening is to ensure a basic level of health of the central office staff member. The medical screening results will not be used to disqualify individuals from employment with the TDOC.
- VI. PROCEDURES:
 - A. The Director of Human Resources, or his/her designee, shall arrange for all new Central Office employees to receive a medical screening prior to job assignment. The results of the screening will be documented on Central Office New Hire Employee Medical Screening, CR-4158, and maintained in the confidential volume of the Human Resources file. The results will not be used to determine the employee's ability to perform assigned task.
 - B. The contract vendor for medical services shall provide medical screenings to the Central Office employees on an agreed upon schedule determined by the State and contractor. If the State and the Contractor cannot reach an agreement, the schedule determination shall be made by the State.
 - C. The screening shall be conducted by a licensed qualified medical provider licensed in the State where the service was performed.

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- D. The medical screening shall include basic vitals (blood pressure, pulse, and respiration checks) and consist of health history and current medications. The contract vendor will not provide any services to any new employee beyond the initial medical screening.
- E. If any health problems are noted the employee will be advised and may seek examination/treatment from his/her private physician.
- F. Employees hired for a 120-day appointment will be required to complete the medical screening at the time of their first appointment. If the employee returns for additional 120-day appointments within six months of the expiration of their last appointment, additional medical screening will not be required.
- F. Central Office employees required to carry firearms will receive a physical examination as stated in Policy #110.06 in accordance with established departmental protocols.

VII. ACA STANDARDS: 2-CO-1C-19.

VIII. EXPIRATION DATE: June 1, 2025

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TENNESSEE DEPARTMENT OF CORRECTION
CENTRAL OFFICE
NEW HIRE
EMPLOYEE MEDICAL SCREENING

TDOC WORK LOCATION: _____

Employee's Full Name (Print): _____
Last First Middle

LAST 4-DIGITS OF SS NUMBER

DATE OF BIRTH

Please check "√" all conditions that apply to your current health and briefly explain in the space provided below.

- | | | | |
|----------------------------------|--------------------------|--|--------------------------|
| 1. Asthma | <input type="checkbox"/> | 12. Kidney Infection/Stones/Disease | <input type="checkbox"/> |
| 2. Back problems | <input type="checkbox"/> | 13. Peptic Ulcers | <input type="checkbox"/> |
| 3. Cancer | <input type="checkbox"/> | 14. Rheumatic Fever | <input type="checkbox"/> |
| 4. Seizures, narcolepsy | <input type="checkbox"/> | 15. Do you volunteer at a homeless shelter on a regular basis? | <input type="checkbox"/> |
| 5. Diabetes | <input type="checkbox"/> | 16. Tuberculosis (TB): Persistent/ productive cough, weight loss, night sweats, fever, loss of appetite, bloody sputum | <input type="checkbox"/> |
| 6. Foot problems | <input type="checkbox"/> | 17. Have you ever had a positive TB skin test? | <input type="checkbox"/> |
| 7. Headaches | <input type="checkbox"/> | 18. Have you ever been told you have Tuberculosis? | <input type="checkbox"/> |
| 8. Heart attack or heart disease | <input type="checkbox"/> | 19. Have you ever taken medication for Tuberculosis? | <input type="checkbox"/> |
| 9. Hernia | <input type="checkbox"/> | 20. Were you ever given BCG? | <input type="checkbox"/> |
| 10. High Blood Pressure | <input type="checkbox"/> | 21. Do you have any allergies? | <input type="checkbox"/> |
| 11. Indigestion | <input type="checkbox"/> | 22. Are you under the care of a physician for a chronic illness or injury? | <input type="checkbox"/> |

Explain the above checked conditions and list all medications, illnesses, injuries, and operations.

Blood Pressure: _____ Pulse: _____ Respiration: _____

I certify that to the best of my knowledge that I am not affected with any form of disease or disability which would interfere with the performance of the duties of the position for which I am applying. I authorize the release to and use by the Tennessee Department of Correction any medical records needed to verify the answers given.

Employee Signature Date Examining Medical Professional Signature Date

Authorized by: _____ Phone: _____
Human Resources Manager/Designee

Date: _____ Fax: _____