

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT

Health Screening Policy

POLICY NUMBER	DATE	TN#
DMH Policy 716.1	OCT 21 2003	34

Purpose. This policy has been updated throughout and should be read carefully. Major changes include the following:

1. Mandatory pre-employment/pre-placement and subsequent annual/biannual health screenings are now only required for individuals who are employed or who are to be employed in Department of Mental Health (DMH) positions involving direct care to DMH consumers.
2. Required health screenings shall continue to be provided by the Employee Health Branch at Saint Elizabeths Hospital at no cost; however, individuals may now elect to have any of the required health screenings performed by a licensed private physician at his/her discretion and expense in accordance with the requirements in this policy.
3. A mental health examination is not required (unless indicated as a result of the general medical examination as stated in Section 7b of the policy).
4. The Division of Human Resources (DHR) shall provide a list to the Chief Executive Officers (CEOs) of Saint Elizabeths Hospital (SEH) and the District of Columbia Community Services Agency (DC CSA) and affected Mental Health Authority (MHA) Deputy Directors indicating current employees in their respective areas whose annual/biannual health screening is due.
5. All students/trainees involved in direct care to DMH consumers must provide documentation from their school that they are free of communicable diseases.

This policy replaces any requirements in existing CMHS policies that may contain different information relating to health screenings. Those policies shall be revised accordingly.

Applicability. Health screening requirements apply to specified employees at SEH, DC CSA, and MHA, including interns and residents, Public Health Service Officers, and applicants extended official offers of employment involving direct care to consumers. This policy also describes the responsibilities of the DMH Human Resources Division, SEH Employee Health Branch (EHB), and others. See Section 13 of the policy for the guidelines that govern private mental health providers (core service agencies [CSAs], subproviders, specialty providers and contractors).

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Mental Health Authority offices.

Implementation Plans. A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible. Full implementation shall be completed within sixty (60) days after the date of this policy.*

(See Back)

Government of the District of Columbia

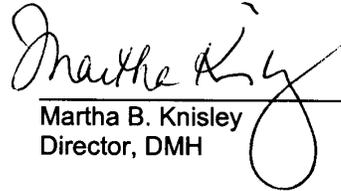
Policy Dissemination and Filing Instructions. Managers/supervisors of DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must ensure that this policy is filed in the **DMH** Policy and Procedures Manual and contractors must ensure that this policy is maintained in accordance with their internal procedures.

If CMHS or DMH policies are referenced in this policy, copies may be obtained from DMH Policy and Support Division by calling (202) 673-7757.

ACTION

REMOVE AND DESTROY
CMHS Policy 50000.716.4B,
dated December 6, 1999

INSERT
DMH Policy 716.1



Martha B. Knisley
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	Policy No. 716.1	Date OCT 21 2003	Page 1
	Supersedes CMHS Policy 50000.716.4B, dated December 6, 1999		
Subject: DMH Health Screening Policy			

1. **Purpose.** To set forth the Department of Mental Health's (DMH) requirements for pre-employment/pre-placement and subsequent annual/biannual health screenings.

2. **Applicability.** Health screening requirements apply to specified employees at Saint Elizabeths Hospital (SEH), District of Columbia Community Services Agency (DC CSA), and the Mental Health Authority (MHA), including interns and residents, Public Health Service Officers, and applicants extended offers of employment involving direct care to consumers. This policy also describes the responsibilities of the DMH Human Resources Division, SEH Employee Health Branch (EHB), and others. See Section 13 below for the guidelines that govern private mental health providers (core service agencies [CSAs], subproviders, specialty providers and contractors).

This policy replaces any requirements in existing CMHS policies that may contain different information relating to health screenings. Those policies shall be revised accordingly.

3. **Authority.** District Personnel Manual Chapter 8, Part I, Section 848 and Part II, subpart 2.6; District of Columbia Municipal Regulations, Title 22 - Public Health and Medicine, and Chapter 21-2102 - Health Examinations.

4. **Policy.**

4a. Individuals who are employed, or who are to be employed in DMH positions involving direct care to DMH consumers are required to have pre-employment/pre-placement and subsequent annual/biannual health screenings.

4b. DMH shall provide health screenings to prospective and current DMH employees at no cost; however, individuals may elect to have the required health screening performed by a licensed private physician at his/her discretion and expense in accordance with the requirements in this policy.

4c. Health screenings shall be used as a tool to identify any health conditions that would render an individual incapable of satisfactorily performing the duties of their position or endanger the health and safety of consumers and/or employees, as well as facilitate appropriate utilization of individuals in compliance with the Americans with Disabilities Act.

4d. All students/trainees involved in direct care to DMH consumers must provide documentation from their school that they are free of communicable diseases.

5. **Definitions.**

5a. Direct Care - direct contact involving treatment, care or physical contact with DMH consumers, or any contact in close proximity to DMH consumers.

5b. Pre-Employment - an official offer of new employment or re-employment with DMH. This includes all prospective employees who have been offered a position, including those who transfer from other District or federal agencies.

5c. Pre-Placement - DMH employees transferring into a direct care position within DMH, i.e., a high risk or non-high risk position.

5d. Direct Care Employees – employees providing direct care to DMH consumers and employees working in a program that provides direct care to consumers. These employees are categorized as high risk and non-high risk employees.

5e. High Risk Employees –

- **for Tuberculosis:** All employees that have direct contact with those consumers who are at high risk for tuberculosis.
- **for Hepatitis:** All employees who collect blood samples or who manually manipulate blood samples in the performance of their duties, and all employees who administer IV medications.
- **High risk employees include the following:**
 - ALL intake employees in ALL programs;
 - ALL employees that work in forensic services;
 - ALL acute care inpatient employees;
 - ALL crisis/emergency service employees;
 - ALL assertive community treatment employees;
 - ALL homeless services employees;
 - ALL medical services/clinic employees;
 - ALL specialty clinic employees;
 - ALL radiology technicians, and
 - ALL laboratory technicians.

5f. Non-High Risk Employees – employees not identified in 5e above, but who work in a program that provides direct care to consumers.

5g. Administrative/Other Employees – employees who do not provide direct care, nor do they work in a program that provides direct care to consumers.

6. Responsibilities.

6a. The DMH Director shall:

- **Establish** the DMH health screening policy and **ensure** compliance with its provisions.

6b. The Director, Division of Human Resources (DHR) shall:

- **Identify** DMH applicants and employees that require pre-employment/pre-placement and annual/biannual health screenings in accordance with this policy and District Personnel Regulations.
- **Schedule** pre-employment and pre-placement screenings as required (see Section 9a below).
- **Generate** a monthly list of current employees whose annual or biannual health screening is due and provide the list to CEOs and affected MHA Deputy Director(s).
- **Send** a monthly list of separations to EHB.

6c. Chief Executive Officers/designees and affected MHA Deputy Director(s) shall:

- **Ensure** that this policy is enforced in their organization.
- **Provide** the monthly list of employees whose annual/biannual health screening is due to appropriate program managers/supervisors.

6d. Program Managers/Supervisors shall:

- **Ensure** that all current employees who are required to have an annual or biannual health screening are notified and **obtain** a health screening as required (see Sections 7 and 10 below).
- **Initiate** corrective measures for failure to obtain required annual/biannual health screenings.

6e. Staff of the Employee Health Branch (EHB) shall:

- **Perform** health screenings for specified prospective and current employees throughout DMH in accordance with this policy.
- **Notify** supervisor when an employee does not report to EHB for his/her scheduled screening.

6f. DMH Employees/Applicants shall:

- **Obtain** required health screenings in accordance with this policy.

7. Health Screening Requirements.7a. Health Screening Requirements for Specified Categories. (Also, see Section 5 above.)

Category of Applicant/ Employee	Pre-employment	Pre-placement	None	Biannual	Annual
Direct Care High Risk Applicants	X				
Direct Care Non-High Risk Applicants	X				
Direct Care High Risk Employee-Transfers		X			
Direct Care Non-High Risk Employee-Transfers		X			
Direct Care High Risk DMH Employees				X	
Direct Care Non-High Risk DMH Employees					X
Administrative/Other Employees/Applicants who do not, or will not, work in a program that provides direct care.			X		

Pre-Employment Health Screening – Required of all applicants who have received an official offer of employment or re-employment in a DMH direct care position.

Pre-Placement Health Screening – Required of administrative/other DMH employees **before** they transfer into a DMH direct care position.

Non-High Risk – DMH employees who passed a health screening within the previous twelve (12) months (from the date the vacancy is expected to be filled) are not required to have a pre-placement health screening unless there is some evidence that a current screening would be desirable. If the health screening was completed outside DMH, the employee must ensure that the records are furnished to the Chief, EHB, for review and approval prior to placement in the vacant position. This screening must be completed before the employee reports to work.

Annual Screening – Required of Non-High Risk employees during the month of the employee's birthday.

Biannual Screening – Required of High Risk employees during the month of the employee's birthday and an additional health screening six (6) months later.

7b. **The health screening shall consist of the following:** (See Exhibit 1 for a listing that may be taken to private physicians, if appropriate.)

- (1) Completion of the DCSF-78. (see Exhibit 2);
- (2) Vital Signs, which will include but may not be limited to, blood pressure check, temperature check, pulse, and respirations;
- (3) Height and Weight Checks;
- (4) Vision and Hearing Checks;
- (5) Urinalysis (if required);
- (6) Tuberculosis skin test (PPD). Employees with a history of positive PPD will have a chest x-ray once a year. If chest x-ray is indicated, must provide results and date of x-ray. Employees with a history of negative PPD will have a repeat PPD during their bi-annual health screening; and
- (7) Hepatitis B vaccine (HBV) will be offered during the annual/biannual health screenings. If declined, the employee must sign a declination form.

Neurological and mental health. (DCSF-78, page 2, Section L). Examining physicians may indicate on the form that a mental health examination was not conducted. The examining physician may recommend a psychiatric evaluation when the results of the general medical examination indicates no physical explanation for behavior or actions that may affect the safe and efficient performance of the individual or others.

8. **Licensed Private Physicians.** Current and prospective employees may elect to have the health screening requirement fulfilled by a licensed private physician at his/her discretion and expense. The individual shall take the DCSF-78 to his/her private physician for completion, along with the listing of health screening requirements, and return the results to EHB for review and approval. Results from the licensed private physician's examination **must** be furnished to the Chief EHB for clearance prior to placement in a vacant position. This screening must be completed no more than ten (10) working days before the employee reports to work or transfers to a DMH direct care position.

9. **Procedure for the Pre-Employment/Pre-Placement Health Screening.**

9a. The Division of Human Resources (DHR) shall:

- **Complete** items 1, 2, 3, and 4 of parts A and B of the DCSF-78 for each applicant/employee selected for a direct care position within DMH prior to their appointment, placement, or transfer.
- **If the individual elects to use EHB, schedule** applicant/employee for a health screening by EHB, and **notify** them of the screening time and place.
 - **Deliver** Form DCSF-78 to EHB at least three (3) days prior to the scheduled health screening.
- **If the individual elects to use a private physician, provide** the DCSF-78 and the health screening requirements, and **inform** them of the procedures to follow (see Section 8 above).

9b. DMH Employees/Applicants shall:

- **Obtain** required health screening at EHB or a private physician.
- If you elect to use a private physician, **provide** the DCSF-78 and the health screening requirements to the private physician, and **obtain** the health screening within ten (10) working days of reporting to work or transferring to a direct care position.
- **Return** the results to EHB for clearance. EHB must review and approve prior to placement in the vacant position.

9c. The Employee Health Branch (EHB) shall:

- **Perform** the health screening when requested, and discuss any medical restrictions or medical disqualifications with the individual.
- **Complete** the DCSF-78 and if recommending action in part D, describe the limitations(s), if any, that require reasonable accommodations for disabling conditions pursuant to the Americans with Disabilities Act.
- **Place** the "For Agency Use Only" copy of the DCSF-78 in a sealed envelope marked "Confidential-Medial" and **Contact** DHR to pick-up a copy of DCSF-78, to discuss further tests, or if needed, request additional information.
- **Establish** an employee health file, and retain the original DCSF-78 until the employee separates from DMH rolls, or longer if required by law or regulations (e.g., occupational exposure).

10. Procedure for Annual/Biannual Health Screening.10a. The Director, Division of Human Resources/designee shall:

- **Provide** a list of employees who MUST be scheduled for an annual or biannual health screening to the Chief Executive Officers/designees and affected MHA Deputy Director(s) two (2) weeks before the start of the month.

10b. Chief Executive Officers/designees and affected MHA Deputy Director(s) shall:

- **Provide** the list of employees to be scheduled for a health screening to the appropriate program managers/supervisors as applicable.

10c. Supervisors shall:

- (1) **Schedule** an annual or biannual screening appointment at EHB.
 - **Fill** in the date and time of the appointment and **sign** and date page one of the Annual/Biannual Health Screening Notice (Exhibit 3).
 - **Notify** the employee of the scheduled appointment at least fourteen (14) calendar days before the appointment and **request** that the employee sign and date the screening notice.
 - **Provide** the signed original screening notice to the employee and retain a copy.
 - **Complete** Part B of the DCSF-78, Certificate of Medical Examination, and provide the original to the employee.
 - **Reschedule** the appointment if the employee is unable to go.
- (2) If the employee elects to use a private physician, **annotate** the file copy of the Annual/Biannual Health Screening Notice, **give** the employee the health screening requirements, and **inform** employee of procedures to follow (see Section 8 above).
- (3) After EHB returns page two of the health screening notice, indicating that the health screening was completed, **maintain** the notice for at least one year for documentation.

(4) **Contact** DHR for instructions on how to proceed if EHB notifies you that an employee is not medically qualified to continue working.

(5) **Follow-up** with EHB if confirmation is not received that the employee obtained the required health screening.

10d. DMH Employees shall:

- (1) **Sign** and **date** page one of the Annual/Biannual Health Screening Notice.
- (2) **Complete** part A of the DCSF-78 in advance of appointment.
- (3) **Take** the DCSF-78, along with pages one and two of the Annual/Biannual Health Screening Notice, to the health screening. Also, take the listing of health screening requirements if a private physician will be used.
- (4) If you elect to use EHB and are unable to keep the appointment,
 - Immediately **inform** the supervisor who shall promptly reschedule the appointment.
- (5) If you elect to use a private physician,
 - **Inform** the supervisor of the appointment date so the supervisor can annotate the file copy of the Annual/Biannual Health Screening Notice.
 - **Report** to EHB within ten (10) calendar days after the appointment with the private physician for clearance and return the results of the health screening and pages one and two of the Annual/Biannual Health Screening Notice to EHB for clearance.

10e. The Employee Health Branch shall:

- (1) **Perform** the health screening when requested, and **discuss** any medical restrictions with the employee.
- (2) **Notify** the supervisor immediately if it is determined that an employee is not medically qualified to continue working.
- (3) **Notify** the supervisor immediately, in writing, of any employee who did not report to EHB for his/her scheduled screening.
- (4) **File** the DCSF-78 and any other medical information in the Employee Health Record (including when private physicians are used), and **mail** page two of the completed Annual/Biannual Health Screening Notice to the employee's supervisor within five (5) calendar days after the screening or the review of a private physician's screening results.

11. Corrective Measures for Failure to Take Annual/Biannual Health Screening.

Supervisors shall:

- (1) **Determine** if there were extenuating circumstances when an employee who has been properly notified fails to complete the scheduled screening.
- (2) If there were extenuating circumstances, e.g., unexpected absence or illness that prevented an employee from having the screening, do not penalize the employee.
 - **Allow** the employee up to ten (10) workdays to complete the required screening.

- **Inform** the employee that he/she must personally **make** arrangements with EHB or a private physician for the screening, and if he/she elects to go to a private physician, the employee shall be responsible for any associated costs.
- (3) **If extenuating circumstances did not exist**, the employee shall be subject to removal under the emergency provisions for insubordination.
- **Give** the employee a Letter of Direction for Failure to Complete Mandatory Health Screening (see example in Exhibit 4), modify the language shown in Exhibit 4 when the employee elected, but failed to complete the screening through a private physician; and
 - **Give** the employee page 2 of the Annual/Biannual Health Screening Notice.
 - If, after being given a Letter of Direction for Failure to Complete Mandatory Health Screening, the employee still fails to complete the health screening as directed, **inform** the employee that a removal, under the emergency provisions, shall be proposed for failing to keep the health screening appointment. This action should be proposed within ten (10) days of the noncompliance, pursuant to the DPM regulations.
 - **Place** the employee on administrative leave immediately.

These actions shall be initiated under the emergency provisions of Chapter 16 of the DPM and shall result in termination of employment.

12. **Fitness for Duty Examination.** Any employee, whether or not he/she has ever taken a health screening, may be required to take a health screening during the course of employment if there is a reason to believe that health related factors are having an adverse effect on the employee's ability to perform assigned duties.

13. **Specific Guidance for Private Mental Health Providers and Contractors.** Private core services agencies, subproviders, specialty providers, and contractors shall:

- **Obtain** evidence of completion of all communicable disease testing required by District laws and regulations, including a Tuberculin skin test or a chest x-ray and a Hepatitis B test.
- **Maintain** records on its employees that are subject to DMH review during monitoring activities.

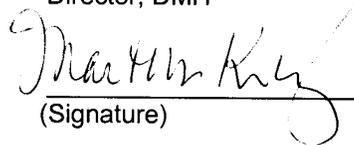
14. **Related References.**

CMHS Policy 50000.713.1, Volunteer Services

CMHS Policy 50000.716.2, Employees' Occupational Health Services

Approved By:

Martha B. Knisley
Director, DMH


(Signature)

10/21/03
(Date)

DEPARTMENT OF MENTAL HEALTH
Health Screening Requirements for Direct Care Employees*

1. Completion of the DCSF-78 (Certificate of Medical Examination);
2. Vital Signs, which will include but may not be limited to, blood pressure check, temperature check, pulse, and respirations;
3. Height and Weight Checks;
4. Vision and Hearing Checks;
5. Urinalysis; (if required);
6. Tuberculosis skin test (PPD). Employees with a history of positive PPD will have a chest x-ray once a year. If chest x-ray is indicated, must provide results and date of x-ray. Employees with a history of negative PPD will have a repeat PPD during their bi-annual health screening; and
7. Hepatitis B vaccine (HBV) will be offered during the annual/biannual health screenings. If declined, the employee must sign a declination form.

Neurological and mental health. (DCSF-78, page 2, Section L). Examining physicians may indicate on the form that a mental health examination was not conducted. The examining physician may recommend a psychiatric evaluation when the results of the general medical examination indicates no physical explanation for behavior or actions that may affect the safe and efficient performance of the individual or others.

* Current and prospective employees may elect to have the health screening requirement fulfilled by a licensed private physician at his/her discretion and expense. The individual shall take the DCSF-78 to his/her private physician for completion, along with the listing of health screening requirements, and return the results of the health screening to the Employee Health Branch (EHB) for review and approval. Results from the licensed private physician's examination **must** be furnished to the Chief EHB for clearance prior to placement in the vacant position. This screening must be completed no more than ten (10) working days before the employee reports to work or transfers to a DMH direct care position.

FOR AGENCY USE ONLY

OCT 21 2003

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE (typewrite or print in ink)

1. NAME (last, first, middle)	2. SOCIAL SECURITY ACCT. NO.	3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	4. DATE OF BIRTH
5. DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN BELOW? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If your answer is "YES" explain fully to the physician performing the examination)</i>		6. I CERTIFY THAT ALL THE INFORMATION GIVEN BY ME IN CONNECTION WITH THIS EXAMINATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. <i>(signature of applicant)</i>	

Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available)

NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below. If the medical examination was done for pre-appointment purposes, circle the appropriate handicap code in part F.

1. RECOMMENDATION:
 HIRE OR RETAIN. DESCRIBE LIMITATIONS, IF ANY, HERE.

TAKE ACTION TO SEPARATE OR DO NOT HIRE. EXPLAIN WHY.

2. AGENCY MEDICAL OFFICER'S NAME (type or print)	3. LOCATION (city, State, ZIP Code)	4. DATE
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Part E. TO BE COMPLETED BY APPOINTING AUTHORITY

NOTE: Enter the action taken below. If this form is used for pre-appointment purposes, be sure the appropriate handicap code in part F is circled.
IMPORTANT: See DPM Chapter 293, Subchapter 3; DPM Chapter 339 and DPM Supplement 339-31 for disposition and/or filing of both parts of this form, either separately or together.

1. ACTION TAKEN:
 HIRED OR RETAINED. NON-SELECTED FOR APPOINTMENT, OR ELIGIBILITY OBJECTED TO.
 ACTION TAKEN TO SEPARATE.

2. APPOINTING AUTHORITY NAME (type or print)	3. SIGNATURE	4. DATE
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Part F. HANDICAP CODE (to be completed only in pre-appointment cases)

If the person examined has or had a handicap listed below, circle the code number which pertains to that handicap. If more than one handicap applies, circle the one considered most limiting. If none of the handicap codes apply, circle code "04".

01 = Handicap not identified (See DPM-291-10)	24 = Blind in one eye
04 = No Handicap. No Handicap of the types listed	25 = Blind in both eyes
13 = Severe speech malfunction or inability to speak but has normal hearing.	27 = Missing one hand
15 = Partial hearing	28 = Missing one arm
16 = Total deafness in both ears, with understandable speech	29 = Missing one foot
17 = Total deafness in both ears, and unable to speak clearly	32 = Missing one leg
22 = Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision	33 = Missing both hands or arms
23 = Inability to read ordinary size print, not correctable by glasses	34 = Missing one hand or arm and one foot or leg
	35 = Missing one hand or arm and both feet or legs (See reverse side for additional codes)

1. EXAMINING PHYSICIAN'S NAME (type or print)	3. SIGNATURE OF EXAMINING PHYSICIAN <i>(signature)</i> <i>(date)</i>
2. ADDRESS (including ZIP Code)	IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.

OCT 21 2003

- 37 = Missing both hands or arms and one foot or leg
- 38 = Missing both hands or arms and both feet or legs

Non Paralytic Orthopedic Impairments

- 44 = One or both hands
- 45 = One or both feet
- 46 = One or both arms
- 47 = One or both legs
- 48 = Hip or pelvis
- 49 = Back
- 57 = Any combination of two or more parts of the body

Partial Paralysis

- 61 = One hand
- 62 = One arm, any part
- 63 = One leg, any part
- 64 = Both hands
- 65 = Both legs, any part
- 66 = Both arms, any part
- 67 = One side of body, including one arm or one leg

Complete Paralysis

- 70 = One hand
- 71 = Both hands
- 72 = One arm
- 73 = Both arms
- 74 = One leg
- 75 = Both legs
- 76 = Lower half of body, involving legs
- 77 = One side of body, including one arm and one leg
- 78 = Three or more major members of the body (arms, legs)

Other Impairments

- 80 = Heart disease
- 81 = Heart disease with limitation or restriction of activity
- 82 = Convulsive disorders; Example: epilepsy
- 83 = Blood diseases
- 84 = Diabetes—under control
- 85 = Diabetes—with limitation or restriction of activity
- 86 = Pulmonary or respiratory disorders
- 87 = Kidney dysfunctioning
- 88 = Cancer—complete recovery
- 89 = Cancer—undergoing treatment
- 90 = Mental retardation
- 91 = Mental or emotional illness
- 92 = Severe distortion of limbs and/or spine
- 93 = Disfigurement of face, hands, or feet

TO: _____
(Employee Name)

(Job Title)

FROM: _____
(Supervisor)

DATE: _____

SUBJECT: Annual/Biannual Health Screening Notice

You are required to have an annual or biannual health screening for continued employment at the DMH. See DMH Policy 50000.716.1, Health Screening Policy.

Your annual biannual health screening has been scheduled for _____
(Date and Time)

at the Employee Health Branch (EHB), CT-8, Ground Floor, Room 7, Saint Elizabeths Campus, at no cost to you. **If you are unable to keep this appointment, you are to inform me immediately so that I may reschedule your appointment promptly.** Page two of this notice is to be completed by the EHB who will return it to me within five (5) days after your appointment with EHB.

You are to complete and sign Section A of the attached DCSF-78, Certificate of Medical Evaluation, and take it with you to the screening. As your supervisor, I am required to complete Part B for annual/biannual health screening purposes.

If you are in a non-high risk position and have passed a health screening in the last twelve (12) months conducted by either the EHB or by a private physician and EHB reviews and concurs with the results, you are not required to be re-evaluated unless there is some evidence that a current screening is necessary.

Please inform me immediately should you elect to have a licensed private physician perform the required health screening. Please take the DCSF-78 and the listing of screening requirements to your private physician for completion. However, you still must report to the EHB who will review the results from the private physician and determine if any additional medical procedures are required, e.g. vaccinations. You should report to EHB for clearance within ten (10) calendar days of your health screening appointment with your private physician.

Your failure to take the required health screening will result in termination of employment.

Attachment(s)
DCSF-78
Health Screening Requirements (if using a private physician)

Acknowledge receipt:

Employee Signature

Date

Supervisor Signature

Date

Annual/Biannual Health Screening Notice
Page 2 of 2

To Be Mailed to Supervisor by the Employee Health Unit

COMPLETION OF MEDICAL SCREENING

(Employee Name)

(Job Title)

- This employee has completed the medical screening and is medically qualified to continue working.
- I am recommending that this employee seek further medical screening through his/her private physician.

Comments:

Employee Health Officer's Signature

Date

DMH POLICY 716.1
Exhibit 4-11(3)
OCT 21 2003

TO: _____
(Employee Name)

(Job Title)

FROM: _____
(Supervisor)

DATE: _____

SUBJECT: Letter of Direction for Failure to Complete Mandatory Health Screening

**Sample
Revise accordingly if
employee failed to use
a private physician.**

Dear _____
(Employee)

You were notified on _____ that you were
(Date of Annual/Biannual Health Screening Notice)
scheduled to complete an annual/biannual health screening on _____
(Date of Appointment and Time)
in compliance with DMH Policy 716.1. The Employee Health Branch (EHB) informed me
that you did not keep this appointment, nor did you inform me that there were problems with
this appointment date.

You are hereby directed to complete your required annual health screening that has been
rescheduled for _____ in the Employee Health Branch, CT-8, Ground
(date and time)
Floor, Room 7, Saint Elizabeths Campus.

You are to complete Part A of the DCSF-78 form, if you have not already done so, and take
the form with you to your appointment. Page 2 of the Annual/Biannual Health Screening
Notice (attached) should be given to EHB for completion and they will return it to me
immediately after your screening.

**If you fail to keep this appointment, I will immediately place you on administrative
leave and initiate termination of employment under the emergency provisions of
Chapter 16 of the DPM.**

Attachment(s)
DCSF-78
Page 2 of the Annual/Biannual Health Screening Notice

Acknowledge receipt:

Employee's Signature Date

Supervisor's Signature Date