

HORTONVILLE AREA SCHOOL DISTRICT

Mr. Todd Timm, District Administrator
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TO: Newly Hired Employees & Returning Former Employees
RE: Employee Physicals and TB Tests

The Board requires any candidate who has been offered employment, as a condition of employment, to submit to a physical examination, including a tuberculosis screening questionnaire, subject to further tests, in order to determine the physical capacity to perform assigned duties. Such examinations shall be done in accordance with §118.24 Wis. Stats., the District Administrator's guidelines, and applicable law, at the expense of the employer. Any candidate that was a former HASD staff member prior to 2000 and does not have a record of a physical examination, including at TB screening in their previous Personnel Record, will be expected to submit to a physical examination, including the TB Screening.

Please note, any employee who fails to report to a scheduled physical examination appointment, will be responsible for payment.

For your convenience, the Hortonville Area School District has contracted with the staff of ThedaCare at Work to complete the physical examination, including a tuberculosis screening questionnaire. When completing your tuberculosis screening questionnaire, **please inform ThedaCare staff if you have had the COVID-19 vaccination and the date(s).**

Simply call ThedaCare at Work to schedule an appointment and indicate you are a new employee of our district. The phone numbers and locations of ThedaCare at Work can be found on the attached Referral Authorization Form. When checking what applies, in most cases, you will check Standard Pre-Placement under NON-DOT Physicals. Newly hired Bus Drivers should check with the Director of Transportation as to needed testing.

Guidance on School Employee Examinations and Tuberculosis Screening with form are also attached to this memo.

Reference Information:
Board of Education Policies: #3160 & #4160 – Physical Examination

HASD Mission Statement: *Our community ensures every student learns at the highest level.*

Pupil Nondiscrimination Statement: It is the policy of the Hortonville Area School District that no person may be denied admission to any public school or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, color, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

118.25 Health examinations. (1) In this section:

(a) "Practitioner" means a person licensed as a physician or as a physician assistant in any state or licensed or certified as an advanced practice nurse prescriber in any state. In this paragraph, "physician" has the meaning given in s. 448.01 (5).

(b) "School employee" means a person employed by a school board who comes in contact with children or who handles or prepares food for children while they are under the supervision of school authorities.

(2) (a) 1. Subject to par. (b), a school board shall, as a condition of employment, require a physical examination of every school employee of the school district. The school board shall ensure that the physical examination includes a screening questionnaire for tuberculosis approved by the department of health services and, if indicated, a test to determine the presence or absence of tuberculosis in a communicable form. Freedom from tuberculosis in a communicable form is a condition of employment. The school employee shall be examined by a practitioner in the employ of or under contract with the school district, but if a practitioner is not employed or under contract, the examination shall be made by a practitioner selected by the school employee.

2. The school board may require a school employee to complete additional health examinations, including physical examinations and an examination consisting of a screening questionnaire for tuberculosis approved by the department of health services, at intervals determined by the school board. A screening questionnaire administered as permitted under this subdivision may be administered by a school nurse or by a registered nurse selected by the school employee and licensed under s. 441.06 or in a party state, as defined in s. 441.50 (2) (j).

(b) The school board may not require physical examinations of any school employee who files with the school board an affidavit setting forth that the employee depends exclusively upon prayer or spiritual means for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization and that the employee is to the best of the employee's knowledge and belief in good health and that the employee claims exemption from health examination on these grounds. Notwithstanding the filing of such affidavit, if there is reasonable cause to believe that such employee is suffering from an illness detrimental to the

health of the pupils, the school board may require a health examination of such school employee sufficient to indicate whether or not such school employee is suffering from such an illness. No school employee may be discriminated against by reason of the employee's filing such affidavit.

(c) 1. A practitioner performing a physical examination under par. (a) shall complete a report of the examination upon a standard form prepared by the department of health services. The practitioner shall retain a copy of the report in his or her files and shall make confidential recommendations therefrom to the school board and to the school employee on a form prepared by the department of health services. The recommendation form shall contain space for a certificate that the person examined by the practitioner appears to be free from tuberculosis in a communicable form.

2. A registered nurse or school nurse administering a screening questionnaire under par. (a) 2. shall provide a copy of the screening questionnaire to the school board and shall make confidential recommendations therefrom to the school board and to the school employee on a form prepared by the department of health services. The screening questionnaire shall contain space for a certificate that the person examined by the registered nurse or school nurse does not have risk factors for tuberculosis. If tuberculosis risk factors are identified on the screening questionnaire, the registered nurse or school nurse shall recommend that the person receive a test from a practitioner to determine the presence or absence of tuberculosis in a communicable form. If a test to determine the presence or absence of tuberculosis in a communicable form is recommended of the person, and if the test indicates the absence of tuberculosis in a communicable form, the practitioner who administers the test shall certify, on a form prepared by the department of health services, that the person appears to be free from tuberculosis in a communicable form.

3. The school board shall pay the cost of the examinations required under par. (a), including X-rays and tuberculin tests if needed, out of school district funds.

(3) In counties having a population of less than 500,000, the school board may require periodic health examinations of pupils by physicians, under the supervision of local health departments and the department of health services, and may pay the cost of the examinations out of school district funds.

(4) If a health or physical examination made under this section includes the testing of vision, such test may be made by an optometrist. Forms used for reporting such vision tests shall so indicate.

(5) As a condition of employment, special teachers, school psychologists, school social workers, cooperative educational service agency personnel and other personnel working in public schools shall have physical examinations under sub. (2). The employing school district or agency shall pay the cost of such examinations.

(6) As a condition of employment, employees of the state superintendent whose work brings them into contact with school children or with school employees shall have physical examinations under sub. (2).

History: 1979 c. 221, 301; 1993 a. 27, 492; 1995 a. 27 ss. 9126 (19), 9145 (1); 1997 a. 27; 2007 a. 20 s. 9121 (6) (a); 2017 a. 107; s. 35.17 correction in (2) (c) 2.



REFERRAL AUTHORIZATION FORM

Occupational Health

Appleton
 2809 N Park Drive Ln
 Appleton, WI 54911
Phone: 920.380.4999
Fax: 920.380.4961
Call For Appointments:
 MON-FRI 8:00AM-5:00PM
Walk-In Drug Screens:
 MON-FRI 7:00AM-4:45PM

Berlin
 225 Memorial Dr
 Berlin, WI 54923
Phone: 920.361.5482
Fax: 920.361.6376
Call For Appointments:
 TUE/WED/THU 8:00AM-4:00PM

Neenah
 333 N Green Bay Rd, Ste B
 Neenah, WI 54956
Phone: 920.454.7180
Fax: 920.454.7098
Call For Appointments:
 MON-FRI 8:00AM-5:00PM

New London
 1405 Mill St
 New London, WI 54961
Phone: 920.531.2045
Fax: 920.531.2364
Call For Appointments:
 MON-FRI 8:00AM-4:00PM

Oshkosh
 600 N Westhaven Dr
 Oshkosh, WI 54904
Phone: 920.237.5600
Fax: 920.237.5601
Call For Appointments:
 MON/WED/FRI 8:00AM-4:00PM

Shawano
 100 County Rd B
 Shawano, WI 54166
Phone: 715.524.1510
Fax: 715.524.9983
Call For Appointments:
 MON-FRI 7:30AM- 4:00PM

Waupaca
 800 Riverside Dr
 Waupaca, WI 54981
Phone: 715.258.1062
Fax: 715.258.1143
Call For Appointments:
 MON-FRI 8:00AM-4:00PM

Fax Prior to Employee's Arrival at TCAW Clinic OR Employee Brings to TCAW Clinic
*****PHOTO ID REQUIRED*****

Appointment Date:		Time:	
Employee Name:			
Company Name:			
Authorizing Company Contact:			
City/State/Zip:			
Office Phone:		Cell Phone:	
Fax Number:		Confidential Fax?	<input type="checkbox"/> Y or N <input type="checkbox"/>

Services Requested:

NON-DOT Drug Testing	DOT Drug Testing	DOT Physicals	Screenings/ Immunizations
<input type="checkbox"/> Pre-Placement <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Random <input type="checkbox"/> Follow Up/ Return to Duty <input type="checkbox"/> Job Site	<input type="checkbox"/> Pre-Placement <input type="checkbox"/> Post-Accident <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Random <input type="checkbox"/> Follow Up/ Return to Duty	<input type="checkbox"/> DOT Exam <input type="checkbox"/> DOT Recert <input type="checkbox"/> DOT Follow-Up	<input type="checkbox"/> Audiogram <input type="checkbox"/> Spirometry/PFT <input type="checkbox"/> Pre-Work Screen <input type="checkbox"/> Vision (chart included w/ Physical) <input type="checkbox"/> Hep B (1 - 2 - 3) <input type="checkbox"/> TB (Step 1 - Step 2) <input type="checkbox"/> QuantiFERON TB Gold <input type="checkbox"/> Hep B Surface Antibody <input type="checkbox"/> Other: _____
Testing Required	Testing Required	NON-DOT Physicals	
<input type="checkbox"/> Lab Based Drug Screen <input type="checkbox"/> Rapid Drug Screen <input type="checkbox"/> Hair Collection <input type="checkbox"/> Breath Alcohol	<input type="checkbox"/> Drug Screen <input type="checkbox"/> Breath Alcohol	<input type="checkbox"/> Standard Pre-Placement <input type="checkbox"/> Free From Communicable Disease <input type="checkbox"/> Alternate Vehicle/Bus Driver <input type="checkbox"/> Respirator <input type="checkbox"/> Surveillance <input type="checkbox"/> Extensive/Combination	

Additional Instructions:

INJURY EVALUATION & TREATMENT

ThedaCare At Work-Appleton (Call 920.380.4999, Mon-Fri 7:30 AM to 4:45 PM)
 ThedaCare At Work-Neenah (Call 920.380.4999, Mon-Fri 8:00 AM to 4:45 PM)
 ThedaCare At Work-Shawano (Call 715.524.1510, Mon-Thu 8:00 AM to 4:00 PM and Fri 8:00 AM to 11:30 AM)

After Hours (Hospital Emergency Departments):

ThedaCare Regional Medical Center-Appleton	920.738.6300	1818 N Meade St	Appleton, WI 54911
ThedaCare Regional Medical Center-Neenah	920.729.2063	130 Second St	Neenah, WI 54956
ThedaCare Medical Center-Berlin	920.361.1313	225 Memorial Dr	Berlin, WI 54923
ThedaCare Medical Center-New London	920.531.2030	1405 Mill St	New London, WI 54961
ThedaCare Medical Center-Shawano	715.524.2111	100 County Rd B	Shawano, WI 54166
ThedaCare Medical Center-Waupaca	715.258.1000	800 Riverside Dr	Waupaca, WI 54981

For Directions: [Find A TCAW Location](#)

Date: April 27, 2018
To: Wisconsin School District Administrators, Staff, and Health Care Providers
From: Louise Wilson, MS, BSN, RN, NCSN, School Nurse/Health Services Consultant
Subject: Guidance on School Employee Examinations under Wis. Stat. § 118.25

On December 2, 2017, revisions to Wis. Stat. § 118.25 Health Examinations became effective. This is commonly referred as school employee physical examinations or tuberculosis screening. A summary of these revisions can be found in the Wisconsin Legislative Council Act Memo 2017 Wisconsin Act 107.

The Department of Health Services developed the forms required under Wis. Stat. § 118.25. These forms include the *Wisconsin Tuberculosis (TB) Risk Assessment Questionnaire Screen* (F-02314A) and the *Record of School Employee Examination* (F-02284). Both forms are located on the Department of Public Instruction's and the Department of Health Services' websites.

Healthcare practitioners, registered nurses, and school nurses should use the Department of Health Services' form *Wisconsin Tuberculosis (TB) Risk Assessment Questionnaire Screen* (F-02314A) to complete the questionnaire requirements of Wis. Stat. § 118.25. Practitioners (licensed as a physician or as a physician assistant in any state, or licensed or certified as an advanced practice nurse prescriber in any state) are required to keep a copy of the completed questionnaire for their own record. Registered nurses (RNs) and school nurses who assist with tuberculosis risk assessment by administering the questionnaire are required to submit a copy of the completed questionnaire to the school board. If retained by the school board, it is recommended form F-02314A be kept in the employee's confidential employment file. School nurses or RNs may only administer the questionnaire if the school board has required additional (repeat) health exams beyond initial hire. Wis. Stat. § 118.25(2)(a)2.

The *Record of School Employee Examination* (F-02284) form will be used to document results of the questionnaire, further recommendations, and results of the physical examination. Healthcare practitioners, RNs, and school nurses will record recommendations under the Results of Tuberculosis Risk Assessment Questionnaire section. If there are tuberculosis risk factors identified on the screening questionnaire, registered and school nurses will confidentially recommend further examination by a licensed practitioner.

Practitioners will document recommendations regarding employability and freedom from tuberculosis in a communicable form under the Practitioner's Recommendations and Certificate of School Employee Examination section. Under this revised law a tuberculosis test or chest X-ray is only required if indicated by the screening questionnaire.

WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE SCREEN FOR WISCONSIN PUBLIC SCHOOL EMPLOYEES

Use this screening tool to identify asymptomatic adults for latent tuberculosis infection (LTBI) testing.

Do not perform or repeat **testing** by interferon gamma release assay (IGRA) or tuberculin skin test (TST) unless there are risk factors identified by the screening tool questions below.

Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

**If any of the following four boxes are checked, recommend LTBI testing.
Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.
See page 2 for more detailed information on the risk assessment boxes below.**

- Birth, travel, or residence** in a country with high TB prevalence.
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or northern Europe.
 - Travel is of extended duration or including likely contact with infectious TB in a location of high TB prevalence.
 - IGRA is preferred over TST for foreign-born persons 2 years of age or older.

- Close (high priority) contact** to someone with infectious TB disease during lifetime.

- Recent TB symptoms:** Persistent cough lasting three or more weeks **AND** one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue.

- Current** or former employee or resident of a high-risk congregate setting in a state/district with an elevated TB rate.
- Includes Alaska, California, Florida, Hawaii, New Jersey, New York, Texas, or Washington DC.
 - Includes correctional facility, long-term residential care facility, or shelter for the homeless.

- A TB risk assessment has been completed for the patient named below. No risk factors for TB were identified.
- A TB risk assessment has been completed for the patient named below. Risk factors for TB have been identified. Further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Name - Screener: _____

Assessment Date: _____
(Place sticker here if applicable)

Name - Patient: _____

Date of Birth: _____
(Place sticker here if applicable)

Risk Assessment Box Details

Box 1. Birth, Travel, or Residence in a country with high TB incidence or burden

In their annual report, the World Health Organization (WHO) estimates TB incidence around the world as the number of TB cases per 100,000 persons. There are 40 high-burden TB countries including India, China, regions of Sub-Saharan Africa and South East Asia.¹

Travel: Leisure travel to most countries in the world poses little risk of TB infection. The general travel risk is 2.8 cases of TB per 1,000 person-months of travel, however, prolonged stays or work in the health sector increase the risk of infection. Spending six or more months in an endemic country is associated with increased risk of TB infection, 7.9 cases per 1,000 person-months of travel, and direct patient care is an even higher risk, 9.8 cases per 1,000 person-months of travel.²

Box 2. Close (High Priority) contact to someone with infectious TB disease during lifetime

Infectious TB includes patients with pulmonary culture-positive disease and those with pulmonary cavitation on radiograph. High Priority contacts include household members (1 in 3 chance of infection), children < 5 years of age and immunosuppressed individuals (cancer, diabetics, HIV-positive, organ transplantation). Also consider those exposed for shorter duration in a more confined space (exam room, dormitory room, office or vehicle).³

Box 3. Recent TB symptoms

TB symptoms include persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue. TB can occur anywhere in the human body but the most common areas include; lungs, pleural space, lymph nodes and major organs such as heart, liver, spleen, kidney, eyes and skin. TB can also present as an asymptomatic, non-specific respiratory illness. Clinical judgement should be accompanied by careful evaluation of patient history including, birth, travel or residence in a country with high TB incidence and history of TB in the family.⁴

Box 4. Current or former employee or resident of a high-risk congregate setting in a state/district with an elevated TB rate

Wisconsin has few individuals with TB in the homeless, corrections and long-term settings; patients identified match local epidemiology (foreign-born or contacts).⁵ Higher-risk congregate settings occur in Alaska, California, Florida, Hawaii, New Jersey, New York, Texas or Washington DC. Consult with the Centers for Disease Control and Prevention (CDC) annual TB reports and the Wisconsin TB Program website for state and local epidemiology data.^{6,7,8}

References:

- 1) World Health Organization Global Tuberculosis Report 2017. http://www.who.int/tb/publications/global_report/en/
- 2) Cobelens, F.G.J., et al (2000). Risk of infection with *Mycobacterium tuberculosis* in travelers to areas of high tuberculosis endemicity. *The Lancet*, 356, 461-465.
- 3) CDC. Guidelines for the investigation of contacts of persons with infectious tuberculosis: recommendations from the National Tuberculosis Controllers Association and CDC. *MMWR* 2005; 54(No. RR-15).
- 4) Lewinsohn, D. et al. Official American Thoracic Society/Infectious Diseases Society of America/CDC Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. *Clinical Infectious Diseases*, 2017; 62(2):111-115.
- 5) Wisconsin Tuberculosis Program. <https://www.dhs.wisconsin.gov/tb/index.htm>
- 6) CDC. Reported Tuberculosis in the United States. <https://www.cdc.gov/tb/statistics/>
- 7) CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005; 54(No. RR-17).
- 8) CDC. Prevention and control of tuberculosis in correctional facilities: Recommendations from CDC. *MMWR* 2006; 55(No. RR-9).

RECORD OF SCHOOL EMPLOYEE EXAMINATION

Wisconsin State Statute § 118.25(1)(6) on Page 2

Employee Information

Name (First, Middle, Last)

Date of Birth (mm/dd/yyyy)

Street Address, City, State, Zip Code

Results of Tuberculosis Risk Assessment Questionnaire

Use the Wisconsin Tuberculosis (TB) Risk Assessment Questionnaire Screen for Wisconsin Public school Employees, form number F-02314A.

Do not attach questionnaire to this form.

Practitioners keep a copy of the questionnaire, and record recommendations on this form. Registered nurses and school nurses will provide a copy of the screening questionnaire to the school board per statute, and if there are tuberculosis risk factors identified on this screening questionnaire will confidentially recommend further examination by a licensed practitioner using this form.

<input type="checkbox"/>	The above-named individual completed a tuberculosis risk assessment, and does not have risk factors, or if tuberculosis risk factors were identified, he/she has been examined and determined to be free of infectious tuberculosis. <i>(Practitioner)</i>
<input type="checkbox"/>	The above-named individual completed a tuberculosis risk assessment, and does not have risk factors for tuberculosis. <p style="text-align: center;">_____ SIGNATURE – Registered Nurse or School Nurse</p>
<input type="checkbox"/>	The above-named individual is being recommended for further evaluation of tuberculosis by a licensed healthcare practitioner. <p style="text-align: center;">_____ SIGNATURE – Registered Nurse or School Nurse</p>

PRACTITIONER'S RECOMMENDATIONS AND CERTIFICATE OF SCHOOL EMPLOYEE EXAMINATION

I, certify, as the examining practitioner, licensed to practice in the State of _____, that I have examined the above named school employee as required by statute on the following date, _____, and find the above named individual

To be free Not to be free from tuberculosis in a communicable form at the time of examination on the basis of the questionnaire and/or examination.

I do I do not recommend this person as physically suitable for employment. The individual named herein has been informed of these recommendations.

Name of Examining Practitioner

Title

SIGNATURE – Examining Practitioner

Date Signed

Return completed form to the appropriate school district.