

**OKLAHOMA COUNTY JUVENILE BUREAU
POLICY AND PROCEDURE MANUAL**

CHAPTER THREE: PERSONNEL

Policy 3.6: Pre-Employment Physical Examination

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I. POLICY

Written policy and procedure provide that prospective Oklahoma County Juvenile Bureau (OCJB) employees, following a conditional offer of employment and prior to the final hiring decision, receive a physical examination that is administered by the OCJB Medical Clinic at no cost to the prospective employee. Employees receive reexaminations according to a defined need or schedule. **(3-JDF-1C-14) (3-JDF-4C-38) (2-7027) (2-7037)**

II. PROCEDURE

- A. Upon notification that a prospective employee has cleared the pre-employment background check conducted by the Internal Affairs (IA) office, the Human Resources Department (HRD) will coordinate with the OCJB Medical Clinic to schedule an appointment for the prospective employee to have a pre-employment physical examination.
- B. All employees must be physically capable of performing the essential functions of the position they are hired to fulfill. The OCJB reserves the right to request a post-offer physical examination (as required to meet ACA Standards) to determine if the applicant can perform the essential functions of the job. All new employees shall be required to pass the physical examination (including a tuberculosis (TB) test, a blood pressure and heart rate check, and a drug test). New employees will not be permitted to report to work until all pre-employment tests have been passed. All OCJB employees will receive TB testing annually. **(3-JDF-1C-14) (2-7037)**
- C. Reasonable accommodations for a qualified applicant or employee with a disability will be considered, unless doing so poses an "undue hardship" on the agency, as defined by the Americans with Disabilities Act of 1990 (ADA). The Human Resources Manager is designated as the OCJB employee who coordinates and ensures ADA compliance according to Section 35.107, Title II of the ADA Act. **(3-JDF-1C-05-2) (2-7030-1)**

Approved:  
James L. Saffle, Director Date

Attachment A, Physical Examination Form
Attachment B, Physical Examination Verification

**OKLAHOMA COUNTY JUVENILE DETENTION
PHYSICAL EXAMINATION FORM**

NAME	DOB	DATE
HEIGHT	WEIGHT	BP P R
HEAD:	ALLERGIES:	
EYES:		
EARS:		
NOSE:	ADDITIONAL COMMENTS:	
MOUTH:	DD:	
TEETH:	SURG:	
THROAT:	SMOKE:	
NECK:	ALCOHOL USAGE:	
CHEST:	MEDS:	
HEART:		
LUNGS:	MED DX:	
ABDOMEN:	LIMITATIONS:	
GENITALIA:		
EXTREMITIES:		
SKIN:		
ADENODATHY:		
BACK:		
DEEP REFLEXES:		
SUPERFICIAL REFLEXES:		
NUCHAL RIGIDITY:		
POSTURE:		
DEVELOPMENT:		
NOURISHMENT:		



OCJB DETENTION SERVICES PHYSICAL EXAMINATION VERIFICATION

On the _____ day of _____, 20_____

Applicant: _____

received the required Physical Examination, (to include checking blood pressure, heart rate, as well as administering a T.B. test) conducted by the Clinic of Detention Services, prior to job assignment, in accordance to OCJB **Policy 3.6**.

Passed

Failed

Facility Physician/ Nurse - OCJB Clinic

Date

ORIGINAL to Clinic Files
COPY to Personnel File