## PRE-PLACEMENT FITNESS FOR DUTY ASSESSMENT EMPLOYEE STATEMENT

| Last Name: First Name:  |   |
|---|---|
| Position applied for: Spe   | ecial Education Assistant   |
| Thank you for your interest in working for the Washington County School District. We are pleased to tentatively offer you employment pending the results of a mandatory Pre-Placement Fitness for Duty Assessment. It is critical that you understand that you are not cleared to work until the Pre-Placement Fitness for Duty Assessment is completed with satisfactory results and this form returned to the Human Resources Dept. |   |
| This offer is contingent upon your agreement that functions listed below for the above position. The representative of those that must be met by an emfunctions of this job. Reasonable accommodations disabilities to perform the essential functions.   | physical demands described below are ployee to successfully perform the essential |
|   | ) weighing 55lbs from floor to 36 inches  |
| <ul> <li>Lift box weighing 20lbs from waist to 72 inches</li> <li>Carry CPR Mannequin (child size) weighing 55lbs, 5 ft</li> </ul>  |   |
|   |   |
| <ul> <li>Sit to assemble hardware at wa</li> </ul>  | nist level, 5 minutes   |
| I verify that I have read and understand the complete the physical requirements of the  | e above listed essential duties and am able to position.                          |
| Signature   | Date  |
| *** Please call the Physical Therapy Department at WorkMed at 435-251-2643 to be scheduled for an appointment***  |   |
| To be complete by a WorkMed Representative:   |   |
| I certify that the above listed candidate has completed the Pr  | re-Placement Assessment.  |
| Print Name Work Med Representative  | Date of Completion  |
| Signature of Work Med Representative  |   |

## Pre-Placement Fitness for Duty Assessment Instructions

- Please take this form with you to your appointment
- ❖ This form must be signed or stamped by a WorkMed Representative and returned to the Washington County School District within 24 hours of the appointment. Failure to do so may result in WCSD rescinding the offer of employment.
- ❖ Failure to show for your schedule appointment will result in WCSD rescinding the offer of employment
- ❖ If you are not able to complete one of the requirements successfully, the Human Resources Department will contact you to discuss the results of the assessment.
- ❖ Depending on the position, the assessment will take between 15 to 30 minutes.
- ❖ If you are unable to make your scheduled appointment, please contact WorkMed immediately to reschedule.

## Directions to WorkMed

The WorkMed Office is located at 385 North 3050 East in St George (South of Costco). Their contact phone number is 435 251 2643

