

# South Hackensack School District

Dyer Ave · South Hackensack, NJ 07606 · (201) 440-2782

Gregorio Maceri, Superintendent/Principal

Jason Chirichella, Vice Principal

Dina Messery, Business Administrator

Elizabete Schaefer, Board Secretary



"A Tradition of Caring"

## New Employee Packet

The following items are required to be submitted to the school nurse upon employment at South Hackensack Memorial School. All forms are kept confidential, and, therefore, must be hand delivered or emailed to [izanelli@shmemorial.org](mailto:izanelli@shmemorial.org)

- **Physical Examination:** Attached you will find the personnel physical exam form. This must be completed by your primary care physician.
- **Tuberculin Skin Test (PPD):** If you received this test within the last year, please provide me documentation stating the result. If you have NOT received a PPD in the last year, please have this done with your physical and provide me with the result.
- **Employee Health History:** Please provide the health office with an up-to-date health history and list of all emergency contacts.
- **Blood Borne Pathogen Training:** If you have taken and passed a blood born pathogen training within the last year, please provide the health office with your certificate. If you have not, you will be required to complete the online training **within 10 days of hire**.
  - You will need a GCN training ID and Password. Please contact Jeff Badre at 201-440-2782 x150 or email him at [jbadre@shmemorial.org](mailto:jbadre@shmemorial.org)
  - Upon completion of the training, you will be asked if you would like to receive a Hepatitis B vaccination. Although this is not mandatory for hire, it is strongly recommended. If you received it, please provide me with a copy of your immunization record. If you would like to receive one, it can be administered through the following:
    - Primary care physician
    - Riverside Medical Group: Dr. Valdivioso is the South Hackensack Memorial School physician  
1 Maywood Ave  
Maywood, NJ 07607  
(201) 342-8130
    - Bergen County Immunization Clinic  
North Hudson Community Action Corporation  
25 East Salem St.  
Hackensack, NJ 07601  
(201) 210-0200  
Or  
Bergen Volunteer Medical Initiative (BVMI)  
75 Essex Street #100  
Hackensack NJ, 07601  
(201) 342-2478

Thank you for your cooperation,  
Mrs. Jennifer Zanelli RN BSN CSN  
South Hackensack Memorial School Nurse

**Memorial Elementary School  
South Hackensack, New Jersey  
Personnel Physical Examination Form**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Vital Signs:**      Height: \_\_\_\_\_      Weight: \_\_\_\_\_      Blood Pressure: \_\_\_\_\_

**Screenings:**      Vision: Right \_\_\_\_\_ Left \_\_\_\_\_  
Audio: Right \_\_\_\_\_ Left \_\_\_\_\_ (sweep at 20dcb; 500-4000 Hz)

**Allergies:** \_\_\_\_\_

**Current/On-Going Medical Conditions:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Review of Systems:**

Ears (otoscope) \_\_\_\_\_

Eyes \_\_\_\_\_

Lymph Glands \_\_\_\_\_

Thyroid \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Teeth-Mouth \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Hernia? \_\_\_\_\_

Genito-Urinary \_\_\_\_\_

Orthopedic    Structural \_\_\_\_\_

                  Posture (scoliosis?) \_\_\_\_\_

                  Feet \_\_\_\_\_

Skin (Non-Communicable conditions?) \_\_\_\_\_

Nervous System \_\_\_\_\_

Speech \_\_\_\_\_

Other \_\_\_\_\_

General Appearance \_\_\_\_\_

**Remarks and Recommendations:**

\_\_\_\_\_

**Tuberculin Skin Test:** Date Planted: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results (mm) \_\_\_\_\_

**COMPLETE BACK OF FORM**

South Hackensack Memorial School

Dyer Ave, South Hackensack

Employee Health History Update

Name \_\_\_\_\_ AGE \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship to employee \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Medical/Surgical History**

**ALLERGIES** (food, seasonal, medication...please list ALL and your reaction i.e rash, shortness of breath, itchiness)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vision problems:** \_\_\_\_\_

- Glasses yes/no
- Contact lenses yes/no

**Ear problems** \_\_\_\_\_

- Vertigo yes/no
- Chronic Infections yes/no

**Heart related issues/surgeries** \_\_\_\_\_

- High blood pressure requiring medication

- High cholesterol requiring medication
- Irregular cardiac rhythm (atrial fibrillation, atrial flutter, SVT, known heart blocks)

**Lung/Breathing problems** \_\_\_\_\_

- Asthma
- Chronic Bronchitis
- Emphysema
- COPD
- Smoker yes/no \_\_\_\_\_ packs per day \_\_\_\_\_

**Kidney problems** \_\_\_\_\_

**Cancer of any type** \_\_\_\_\_

- Current treatment \_\_\_\_\_

**Brain related issues (i.e. stroke, aneurysm)** \_\_\_\_\_

**Surgery of any kind (please list approx. date)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication taken daily or as needed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Signature** \_\_\_\_\_

**Employee Print** \_\_\_\_\_

**Today's Date** \_\_\_\_\_