

## ADULT HEALTH SERVICES

### STATEMENT OF PURPOSE:

All schools should encourage personnel to maintain optimal physical and mental health.

### AUTHORIZATION/LEGAL REFERENCE:

12 V.S.A. Chapter 23 § 519 - Emergency Medical Care

### SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

1. Maintain emergency information on employees.
2. Encourage staff to have periodic physical examinations at their medical home.
3. Serve as a resource person for employees with health concerns and refer as needed.
4. Serve as a resource for health promotion programs for staff (i.e. blood pressure screening, breast self-examination, and others as requested by staff).
5. Support the participation of employees in the annual Vermont School Board Insurance Trust PATH Program.
6. Provide emergency first aid as necessary.
7. Facilitate and assist in assuring safety in the workplace setting.

### RESOURCES:

- American Cancer Society of Vermont - <http://www.cancer.org/docroot/home/index.asp>
- American Lung Association of Vermont - [http://lungaction.org/ala\\_vt/home.html](http://lungaction.org/ala_vt/home.html)
- Domestic Violence Hotline – 1-800-228-7395
- Vermont Department of Children and Families - <http://www.dcf.state.vt.us/>
- Vermont Department of Health - <http://www.healthyvermonters.info/>
- Vermont School Board Insurance Trust - <http://www.vsbit.org/>
- Women's First - <http://www.forwoman.net/>

### SAMPLE POLICIES, PROCEDURES AND FORMS

Personnel Health/Emergency Form

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**Personnel Health/Emergency Form  
CONFIDENTIAL**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING:

1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

Primary Care Provider \_\_\_\_\_ Date of Last Visit \_\_\_\_\_  None

Dentist \_\_\_\_\_ Date of Last Visit \_\_\_\_\_  None

**EXPLAIN ANY OF THE FOLLOWING MEDICAL PROBLEMS WHICH APPLY TO YOU:**

Allergies (food, medicine, latex or environmental) \_\_\_\_\_

Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_

High blood pressure \_\_\_\_\_

Heart problems \_\_\_\_\_

Digestive problems, ulcers \_\_\_\_\_

Hearing or vision problems \_\_\_\_\_

Other \_\_\_\_\_

LIST ANY MEDICATIONS TAKEN ON A DAILY BASIS: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU HAD CHICKEN POX OR THE VACCINE? \_\_\_\_\_

HAVE YOU BEEN IMMUNIZED FOR HEPATITIS B? \_\_\_\_\_

HAVE YOU HAD A TETANUS BOOSTER IN THE LAST 10 YEARS? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_