

# Wilkes County - Field Experience

1. Complete and submit the following documents:
  - a. Wilkes County Schools Background Check Form
  - b. NC Health Examination Certificate with TB test
2. Submit all completed documents through the Microsoft Form link available on the Field Experience website.
3. Placement confirmations will be provided by the Office of Educator Engagement and Student Success and reflected in the Brave Educator Dashboard. Be sure to check the dashboard regularly for updates.

Questions? Please contact the Director of Educator Engagement and Student Success, Dr. Kamina Fitzgerald, [kamina.fitzgerald@uncp.edu](mailto:kamina.fitzgerald@uncp.edu)

# Wilkes County Schools

## **Background Check**

Wilkes County Schools may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friend or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (driving records) verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conduct by Background Investigation Bureau, LLC, (BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", and certify that I have read and understand those documents. I hereby authorize Wilkes County Schools to obtain "consumer reports" and/or investigative consumer reports" about me at any time after receipt of this authorization and if I am hired, throughout my employment To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, Institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

### **FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY**

(Name)

First: \_\_\_\_\_ Last: \_\_\_\_\_

Middle: \_\_\_\_\_. Other Names Maiden, Aliases, etc. \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Position \_\_\_\_\_

### **LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:**

	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Dates (MM/YEAR)</u>
1.	_____	_____	_____	_____	From: _____ To: _____
2.	_____	_____	_____	_____	From: _____ To: _____
3.	_____	_____	_____	_____	From: _____ To: _____
4.	_____	_____	_____	_____	From: _____ To: _____

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **HEALTH EXAMINATION CERTIFICATE North Carolina Public Schools**

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

The above named individual is to be recommended for employment by \_\_\_\_\_ (local school board) in a position of \_\_\_\_\_. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

## **I. Communicable Disease**

By my signature I certify that the above **named person does not have any communicable disease, including tuberculosis**, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

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

## **II. Other Health Areas**

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current?		Any Immunization Recommendations
	YES	NO	
Td (tetanus), Hep B, MMR, etc.			
TB Skin/PPD/Mantoux			

Date: \_\_\_\_\_

Physician, Physician's Assistant, or Nurse Practitioner (Type or Print)

SIGNATURE: \_\_\_\_\_

Physician, Physician's Assistant or Nurse Practitioner License/Registration #: \_\_\_\_\_

State\* Granting License/Registration: \_\_\_\_\_

\*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.

Please provide this cover page along with the questionnaires and medical form to your health care provider in the event of a tuberculin shortage.

North Carolina General Statute § 115C-323 Employee Health Certificate for public school teachers states the following:

*Any person initially employed in a public school or reemployed in a public school after an absence of more than one school year shall provide to the superintendent a certificate certifying that the person does not have any physical or mental disease, including tuberculosis in the communicable form or other communicable disease, that would impair the person's ability to perform his or her duties effectively.*

To comply with the statute as well as current guidelines of the Centers for Disease Control and Prevention, the following procedure is recommended for **all low-risk persons** requiring administrative screening for tuberculosis, including schoolteachers and other non-healthcare workers:

**1) The healthcare provider performing the certifying examination should administer the Tuberculosis Risk Questionnaire and Tuberculosis Symptom Questionnaire (attached)**

2) Persons who have negative responses to all questions on both the Tuberculosis Risk Questionnaire and Tuberculosis Symptom Questionnaire may be certified as not having tuberculosis in the communicable form. No further testing is required for such persons

3) Persons with any positive response on the Tuberculosis Symptom Questionnaire should receive further medical evaluation, which should include a chest radiograph

4) Persons with no positive responses on the Tuberculosis Symptom Questionnaire, but with any positive response on the Tuberculosis Risk Questionnaire should receive further medical evaluation, which should include either a tuberculin skin test or an interferon gamma release assay (written documentation of a prior positive test and subsequent negative chest radiograph is acceptable) .

This procedure represents best medical practice for persons requiring administrative testing, and should be followed even after the tuberculin shortage resolves.

**Tuberculosis Risk Questionnaire**

- |  |     |    |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world:<br>Africa, Asia, Central America, South America, or Eastern Europe?   | YES | NO |
| 2) Have you traveled outside the USA and lived for more than one month<br>in one of the following parts of the world:<br>Africa, Asia, Central America, South America, or Eastern Europe?  | YES | NO |
| 3) Do you have a compromised immune system such as from any of the<br>following conditions: HIV/AIDS, organ or bone marrow transplantation,<br>diabetes, immunosuppressive medicines (e.g. prednisone, Remicade),<br>leukemia, lymphoma, cancer of the head or neck, gastrectomy, or jejeunal<br>bypass, end-stage renal disease (on dialysis) or silicosis? | YES | NO |
| 4) Have you ever done one of the following: used crack cocaine, injected<br>illegal drugs, worked or resided in jail or prison, worked or resided at a<br>homeless shelter, or worked as a healthcare worker in direct contact with<br>patients?   | YES | NO |
| 5) Have you ever been exposed to anyone with infectious tuberculosis?  | YES | NO |

**Tuberculosis Symptom Questionnaire**

Do you currently have any of the following symptoms?

- |  |     |    |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks                       | YES | NO |
| 2) Unexplained fever lasting more than 3 weeks                       | YES | NO |
| 3) Night sweats (sweating that leaves the bedclothes and sheets wet) | YES | NO |
| 4) Shortness of breath   | YES | NO |
| 5) Chest pain  | YES | NO |
| 6) Unintentional weight loss   | YES | NO |
| 7) Unexplained fatigue (very tired for no reason)                    | YES | NO |