

Houston ISD  
101912

EMPLOYMENT REQUIREMENTS AND RESTRICTIONS  
MEDICAL EXAMINATIONS AND COMMUNICABLE DISEASES

DBB  
(EXHIBIT)

See the following exhibits:

- Exhibit A: Approvals Concerning Release of Information Regarding Personnel with HIV Infection – 1 page
- Exhibit B: Release of Information Regarding Personnel with HIV Infection – 1 page



EXHIBIT A

APPROVALS CONCERNING RELEASE OF INFORMATION  
REGARDING PERSONNEL WITH HIV INFECTION

This exhibit concerns the release of information about an employee's AIDS or HIV test results or HIV status. This approval is exercised as needed.

**REQUESTS**

Responsible Party	Level of Authority	Requirements and Other Information
Director, Health and Medical Services	Authorization to release information regarding employee HIV status or AIDS or HIV test results	Requires written, signed authorization from the employee or person legally authorized to give consent for the employee. The authorization must include the persons, entities, or classification of persons or entities to whom test results may be released or disclosed.  The Communicable Disease Prevention and Control Act may require reporting of test results to a local health authority.  Practice regarding absences, employee fitness, involuntary and voluntary transfers, and contesting decisions should follow routine and standard administrative procedures.

1. References.  
DBB1(REGULATION)
2. The assistant superintendent, Student Support Services, is responsible for maintenance of this exhibit.



EXHIBIT B

RELEASE OF INFORMATION REGARDING PERSONNEL WITH HIV INFECTION

**MEMORANDUM**

DATE:

TO: Employee  
School/Department

FROM: Principal/Supervisor  
School/Department

**SUBJECT: REQUEST FOR MEDICAL EVALUATION**

As you recall, we discussed concerns about your health, which may be affecting your workplace performance. Please be reminded that I encouraged you to seek medical attention for the medical concerns expressed during our verbal conversation. Specifically, your health concerns include: (List concerns below)

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My observations indicate behaviors that are affecting your job performance. I am directing you to participate in a medical evaluation through the Health and Medical Services Department to determine your fitness for duty. Continued physical and health problems in the workplace must be addressed before they are allowed to negatively impact student learning. You are hereby relieved of your \_\_\_\_\_ duties until a medical clearance is provided. Failure to participate in this evaluation may lead to disciplinary action, up to and including termination of your employment. The Health and Medical Services Director may be reached at (713) 349-7423. A copy of this letter will be forwarded to the director and she will contact you to schedule an appointment. If you have any questions, please see me immediately.

\_\_\_\_\_(initials)

cc: Personnel file  
Director of Health and Medical Services  
Regional Superintendent

I am in receipt of this memorandum.

\_\_\_\_\_  
Signature (Employee)

\_\_\_\_\_  
Date