Santa Clara County Schools' Insurance Group
1732 N. First St, Suite 100, San Jose, CA 95112
Tel: (408) 850-3775

PROTOCOL: APPLICANT/TRANSFER POST-OFFER PRE-EMPLOYMENT PHYSICAL EXAMINATION PROGRAM (POPP)

District – (Clinic) - SCCSIG

Effective Date:	7-1-2025
District:	
District Contact(s):	
SCCSIG Contacts:	1. Program Contact: Jackie Guevara, JPA Project & Office Manager 2. Status and Reports Contact: Jackie Guevara Phone Direct: (408) 850-3775 Email: **jguevara@sccsig.org**

Process of Implementation and Responsibilities:

1) **DISTRICT** places announcement on job flier, indicating the requirement of passing the POPP examination.
2) **DISTRICT** offers selected applicant a position, contingent upon determination of fitness for the position.
3) The examination is offered only to the positions that require lifting, transferring students, and repetitive motion tasks.
4) Approved Job Positions: (Please Note: *any other positions that are accidently tested will be billed back* ***to the district.*** ***Any other position not listed here, must be pre-approved by JPA).***
   a) Custodian
   b) Delivery Driver
   c) Grounds Keeper
   d) Maintenance Tech
   e) Roofers
   f) Bus Driver
   g) Food Service employee
   h) Health Clerk (who is expected to lift children from wheelchairs).
   i) Librarian/Media Technician
   j) Paraprofessional/Instructional Aides
   k) Special Day Class Teacher
   l) Special Education Assistant
   m) Behavioral Intervention Therapist
   n) Mechanic
   o) Noon Duty

5) **SCCSIG** will pay for the cost of the examination.
6) **SCCSIG** will maintain a log of all tested and those "no shows" who are not tested.
7) **DISTRICT** will provide a copy of the ***Job Description*** **t**o the applicant.
8) **DISTRICT** will Provide to applicant: **FORM A**: "Applicant/Transfer Consent for Examination" and **forward a copy to SCCSIG**.
9) **DISTRICT** will provide to applicant: **FORM B**: "***Description of Post Offer- Pre Employment Examination".***
10) **DISTRICT** will schedule the appointment for applicant **OR** require that applicant schedules his/her own appointment. **Using** the PDF fillable **FORM E**: ***"Post Offer – Pre Employment Authorization for Applicant Examination".*** A form for each clinic is provided.
11) **CLINIC** will:
    a) Provide the results of the examination to District's contact within 24 hours.
    b) Provide copies of the examination results to SCCSIG via email.
    c) Bill the SCCSIG monthly for all members.

Note: Instructions are in included at the bottom of each form.