

Return completed packet along with \$10.00 check payable to WCTC:

Waukesha County Technical College
Attn: H102
800 Main St
Pewaukee, WI 53072

WAUKESHA COUNTY TECHNICAL COLLEGE
Department of Allied Health
Release of Information

I, _____, authorize the Department of Allied Health at Waukesha County Technical College to release information to practicum sites as required per contracts:

- Waukesha County Technical College's Personal History Health Forms;
- Background Information Disclosure Form, and/or
- Information received through the any of the following:
 - Department of Justice (DOJ) Identification Record Request
 - Department of Health Services (DHS) Caregiver Findings
 - Office of the Inspector General (OIG) Exclusions Screening
 - General Service Administration (GSA) Screening

I understand that historical findings from the above agencies may *adversely affect* my ability to proceed in my program area, find clinical placement or job placement upon graduation.

Student Signature

Date

Phone Number

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant)
- Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal)
- Other – Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)	Name – (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)	Race
Address <u>Street, City, State, ZIP Code</u>			Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)				

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➤ If Yes , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If Yes , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If Yes , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes , explain, including when and where it happened.		

(continued on next page)

SECTION A (continued)	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? > If Yes , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person ? > If Yes , explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? > If Yes , explain, including credential name, limitations or restrictions, and time period.		
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? > If Yes , explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? > If Yes , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? > If yes, indicate the year of discharge: _____ > Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? > If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? > If Yes , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? > If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.		

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
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PROGRAM	HIT	MC	MT	DA	DH	HUC	MA	ST	CS	PHLE
Physical Factors										
Standing	X	X	X	X	X	X	X	X	X	X
Walking	X	X	X	X	X	X	X	X	X	X
Sitting	X	X	X	X	X	X	X	X	X	X
Lifting:										
10 lbs.			X							
20 lbs.	X	X		X	X	X				X
50lbs.							X	X	X	
Carrying:										
10 lbs.			X	X	X	X				X
20 lbs.	X	X								
50 lbs.							X	X		
Pushing/ Pulling:										
20 lbs.	X	X	X	X	X	X				
50 lbs.							X	X	X	X
Movement:										
Climbing				X	X	X	X	X	X	X
Balancing				X	X	X	X		X	X
Bending	X	X	X	X	X	X	X	X	X	X
Stooping	X	X	X	X	X	X	X	X	X	X
Crouching	X			X	X	X	X	X	X	X
Kneeling	X			X	X	X	X		X	X
Twisting				X	X	X	X	X	X	X
Turning				X	X	X	X	X		X
Grasping-Firm/Strong	X	X	X	X	X	X	X	X	X	X
Grasping-Light	X	X	X	X	X	X	X	X	X	X
Finger Dexterity	X	X	X	X	X	X	X	X	X	X
Reaching Forward	X	X	X	X	X	X	X	X	X	X
Reaching Overhead	X	X	X	X	X	X	X	X	X	X
Pinching	X	X		X	X		X	X	X	X
Simultaneous use of hand, wrist, fingers	X	X	X	X	X			X	X	X
Coordination:										
Eye-hand	X	X	X	X	X	X	X	X	X	X
Eye-hand-foot	X	X	X		X	X	X	X		X
Driving	X		X							X
Vision: With or without accommodation										
Acuity, near	X	X	X	X	X	X	X	X	X	X
Acuity, far	X	X	X	X	X	X	X	X	X	
Depth perception	X	X	X	X	X	X	X	X	X	X
Accommodation	X	X	X	X	X	X	X	X	X	X
Color vision	X	X	X	X	X	X	X	X	X	X
Field of vision	X	X	X	X	X	X	X	X	X	X
Speaking:										
Face-to-face conversation	X	X	X	X	X	X	X	X	X	X
Verbal conversation	X	X	X	X	X	X	X	X	X	X
Public speaking	X			X	X	X	X		X	X
Hearing: With or without accommodation										
Hear normal conversation	X	X	X	X	X	X	X	X	X	X
Hear telephone conversation	X	X	X	X	X	X	X	X	X	X
Hear body sounds (blood pressure, apical pulse)				X	X		X			
Hear auditory alarms (monitors, fire alarms, call bells)	X	X	X	X	X	X	X	X	X	X
Environmental Factors										
Works indoors	X	X	X	X	X	X	X	X	X	X
Exposure to extreme hot or cold temp									X	
Being around moving machinery	X	X		X	X			X	X	
Exposure to marked changes in temperature/ humidity				X	X				X	
Exposure to irritating particles				X	X		X	X	X	
Exposure to toxic or caustic chemicals				X	X		X	X	X	X
Exposure to excessive noises				X	X				X	

PROGRAM	HIT	MC	MT	DA	DH	HUC	MA	ST	CS	PHLE
Exposure to radiation or electrical energy				X	X		X	X		X
Exposure to solvents, grease, or oils				X	X		X	X	X	
Exposure to slippery or uneven walking surfaces						X		X	X	
Working in confined spaces	X	X	X	X	X		X	X	X	X
Using computer monitor	X	X	X	X	X	X	X	X	X	X
Working w/explosives				X	X				X	
Exposure to vibration				X	X					
Exposure to flames/ burning items				X	X					
Works around others	X	X	X	X	X	X	X	X	X	X
Works alone	X	X	X	X	X	X	X	X	X	X
Works w/ others	X	X	X	X	X	X	X	X	X	X
Safety glasses				X	X		X	X	X	X
Face mask/ face shield				X	X		X	X	X	X
Protective Clothing				X	X		X	X	X	X
Cognitive/ Mental Factors										
Reasoning: Draw valid conclusions	X	X	X	X	X	X	X	X	X	X
Interpret oral, written diagrammatic instructions	X	X	X	X	X	X	X	X	X	X
Deal with standard problems	X	X	X	X	X	X	X	X	X	X
Carry out detailed but involved written or oral instructions	X	X	X	X	X	X	X	X	X	X
Carry out two step instructions	X	X	X	X	X	X	X	X	X	X
Mathematics:										
Complex skills (algebra)				X	X					
Simple skills (basic math)	X	X	X	X	X	X	X	X	X	X
Reading:										
Complex skills	X	X	X	X	X	X	X	X		X
Simple skills									X	
Writing:										
Complex skills	X	X	X		X			X		
Simple skills				X		X	X		X	
Perception:										
Spatial (3 dimensional)	X			X	X		X	X	X	X
Form (pictorial detail)	X			X	X	X	X		X	X
Clerical:										
Proofread	X	X	X	X	X		X			X
Data:										
Synthesizing	X	X	X		X	X	X	X		X
Coordinating	X	X	X	X	X	X	X	X		X
Analyzing	X	X	X		X	X	X	X		X
Compiling	X	X	X		X	X	X	X		X
Computing	X	X	X		X	X	X	X		X
Copying	X	X	X		X	X	X	X	X	X
Comparing	X	X	X	X	X	X	X	X		X
Personal traits:										
Ability to comprehend & follow instructions	X	X	X	X	X	X	X	X	X	X
Ability to perform simple & repetitive tasks	X	X	X	X	X	X	X	X	X	X
Ability to maintain a work pace appropriate to a given work load	X	X	X	X	X	X	X	X	X	X
Ability to relate to other people beyond giving and receiving instructions	X	X	X	X	X	X	X	X	X	X
Ability to influence people	X			X	X	X	X	X		X
Ability to perform complex or varied tasks	X	X	X	X	X	X	X	X	X	X
Ability to make generalizations evaluations or decisions without immediate supervision	X	X	X	X	X	X	X	X		
Ability to accept and carry out responsibility for direction, control, and planning	X	X	X	X	X	X	X	X		

In accordance with the WCTC Academic Code of Conduct, I have read and understand the Functional Ability requirements as stated in this document and am able to function within the parameter of the requirements.

Signature: _____ Date: _____