CAMANCHE COMMUNITY SCHOOL DISTRICT

EMPLOYEE PHYSICAL EXAMINATION REPORT

In accordance with Board Policy 402.4, Employees will present evidence of good health, in the form of a physical examination report, prior to their employment with the school district.

This is to certify that _____
(Name of Examinee)

Was medically examined by me on _____
(Date)

Position with Camanche Community School District_____

I HEREBY CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL

☐ IS ☐ IS NOT

FULLY QUALIFIED IN HEALTH TO PERFORM THE ASSIGNED DUTIES OF THE POSITION LISTED ABOVE.

Additional remarks:_____

_____

_____

_____ _____ _____
(Please Print) Name of Physician Date

_____

_____
Address

_____
Signature of Physician

Please return this form to the examinee, who is responsible for its delivery to:
Administrative Center
Camanche Community School District
702 13 Avenue Camanche IA 52730

Edited: June 2013