

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)

If you are a driver and required to take the DOT Physical, please check here, _____ initial, and attach the DOT Physical form to this certificate.
(initial)

Name: _____ **Social Security Number:** _____

ADDRESS: _____
(Street/P.O. Box) (City) (State) (Zip Code)

The above-named individual is to be recommended for employment by Guilford County Schools 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 above. Further, I certify that this person is free of any physical or mental disability that would impair job performance. **Please enter TB Skin Test Result:** _____

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/			

Date: _____

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

 Physician’s Business Address Physician’s Business Phone Number

SIGNATURE OF PHYSICIAN: _____ **M.D.**
 Signature Please (NO STAMP)

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.