



Office of the



State Superintendent of Education

### STAFF HEALTH CERTIFICATE

Name: \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

I have examined the above-named person and certify that he/she is:

- Free from disease in communicable form.
- Appears to be in satisfactory physical and mental health condition, capable of doing physical household tasks, supervise and give care to adults.

In addition to a general physical health examination, the following tests have been done:

Tuberculin test (Check One):  Tine  PPD

Date: \_\_\_\_\_ Result: \_\_\_\_\_

Chest X-Ray: Date: \_\_\_\_\_ Result \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Examining Physician/Nurse Practitioner MD/NP

Date of Examination: \_\_\_\_\_

\_\_\_\_\_  
Address

Telephone No.: \_\_\_\_\_  
(Area Code)