

North Carolina Public Schools

HEALTH EXAMINATION CERTIFICATE

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)

Name: _____ Social Security Number: _____

Address: _____

The above named individual is to be recommended for employment by **New Hanover 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. **Please enter TB Skin Test Results** _____

I. Communicable Disease

By my signature I certify that the above **named person does not have any communicable disease, including tuberculosis**, which 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 below. Further, I certify that this person is free of any physical and mental disability that would impair job performance.

If unable to certify the above, please comment:

II. Other Health Areas

AREAS	ADEQUATE		NOTE ANY LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Capable of Lifting/Carrying	YES	NO	
20 lbs			
50 lbs			
Capable of Push/Pull 75 lbs			

SIGNATURE: _____

Date: _____

 (PRINT) Physician, Physician's Assistant, or Nurse Practitioner

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.