

Employee Name _____
Social Security No. _____
School District _____

CERTIFICATION OF FREEDOM FROM CONTAGIOUS OR INFECTIOUS DISEASE

(For use in the Employment of Retired Teachers - Education Code Section 44839.5 & 87408.5)

I hereby certify that:

- (1) I am licensed to practice as a physician and surgeon in California.
- (2) On the date shown herein below I examined _____
(Name)
who gave _____ as his (her) date of birth and _____
_____ as his (her) address. On this date I found him/her to
be free from any contagious or infectious disease including freedom from active
tuberculosis.

Date: _____

Signature of Physician

Typed or Printed Name of Physician

State License Number

AUTHORIZATION

The following authorization signed by the person examined shall be set forth below the certificate:

Dr. _____

You are hereby authorized to give the State Board of Education, any county superintendent of schools, the governing board of a school district to which the undersigned has applied for employment, and representatives of any of them, any and all information you may have regarding my physical or mental condition, including but not limited to the history, findings, diagnosis, treatment given, present condition, and prognosis.

Date

Signature of Person Examined

Address

Notice: This form may be reproduced by school districts and offices of county superintendents of schools.