

NORTH SCOTT COMMUNITY SCHOOL DISTRICT
PRE-EMPLOYMENT HEALTH CERTIFICATION

Name of Person Examined: _____

Address: _____

Position: _____

I hereby certify that the above named individual has been check for TB by use of

_____ on _____
(Method used to determine) (Date)

and found to test: Negative _____ Positive _____

I also hereby certify that he/she is (____), is not (____), fully qualified in health to perform the assigned duties of the position listed above.

Additional remarks: _____

Name of Examining Physician, Chiropractor,
Licensed Physician Assistant, or Advanced
Registered Nurse Practitioner

Address

City, State

Signature of Examining Physician, Chiropractor,
Licensed Physician Assistant, or Advanced
Registered Nurse Practitioner

Date of Examination

Return to: Nancy Case, Human Resources, North Scott Community School District, 251 E. Iowa Street,
Eldridge, IA 52748