

RICHLAND COUNTY SCHOOL DISTRICT ONE
An Equal Opportunity School System
1616 Richland Street
Columbia, South Carolina 29201

CERTIFICATE OF MEDICAL EXAMINATION

Directions: Do not make a special appointment. Take this form to your personal physician the next time you have an appointment for another reason. Return completed form to Human Resource Services. Fax # 803-231-7417 or mail to 1616 Richland Street, Columbia, SC 29201.

This is to certify that on _____ I, a licensed medical doctor, examined _____ and found (him/her) free from any communicable disease or other condition which would in my opinion impair or prevent the performance of duties, functions or responsibilities as an employee of Richland County School District One.

Patient's signature in physician's presence

Physician's Name (Please Print)

Patient's Social Security Number

South Carolina License Number

Physician's Signature/Date