Please take this form to a medical professional to complete your exam and return.

We accept your TB test results in lieu of this form.

Ritenour School District
Educational Excellence Since 1867

HEALTH CERTIFICATE

Date _____

This is to state that I have examined _____.
It is my opinion that this employee is free of communicable disease, including tuberculosis, and is in satisfactory physical condition.

Signed _____

Note to Physician:
Please give any exceptions to the above statement you feel are necessary.