

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
Albany, New York 12234

PHYSICAL FITNESS CERTIFICATION

(Name of Applicant)

(Address)

(Date of Birth)



Male



Female

INSTRUCTIONS TO PHYSICIAN:

Complete Part A unless certificate is limited --in which case complete Part B

A. I hereby certify that I have examined the above-named applicant and find he/she is physically qualified for lawful employment.

(Date of Physical)

(Signature of Physician)

(Address of Physician)

B. I hereby certify that I have examined the above-named applicant and find he/she has a disability that requires limited employment.

(1) Disability ---

(2) Occupation ---

(3) Employer ---

(Date)

(Signature of Physician)

(Address of Physician)

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.