



Make in Duplicate:
1 Copy to School District
1 Copy for Doctor's File

To: _____
(Local School District)

Name of Applicant

DOCTOR'S CERTIFICATION

I have examined the applicant and:

- 1. Declare the applicant physically and mentally ready for employment.
- 2. Declare the applicant unfit for employment on the basis of a physical and/or mental deficiency.

3. Recommend the applicant has a follow-up examination as indicated:

4. Recommend the following procedures before approval can be given:

Date of Examination

Signature