CERTIFICATE OF MEDICAL EXAMINATION OF APPLICANTS FOR FIRST EMPLOYMENT IN A CALIFORNIA SCHOOL DISTRICT OR COUNTY SUPERINTENDENT OF SCHOOLS OFFICE

_____ School District/County Office
Name

Name: Last First Middle

Address: Street City Zip Code

To the Physician:

The medical examination required of person employed in a certificated position for the first time in a California School District or County Superintendent of Schools Office to determine freedom from any disabling disease unfitting the person to instruct or associate with children should be evaluated on the basis of the functions which will be required of the applicant upon employment. A brief description of functions is on the reverse side of this form.

Disabling disease should be considered in terms of: (1) Evidence of lack of ability to demonstrate average physical and emotional capacity for the functions involved. (2) Evidence of disability which periodically may disable the individual; for example, rheumatoid arthritis, uncontrolled diabetes, asthma. (3) Evidence of long term disability which may progressively deteriorate; for example, malignancy, Multiple Sclerosis.

Check Every Item	YES	NO	Details (Relate to functions to be performed)
Is there evidence of disabling disease of the musculo-skeletal, cardio-vascular, nervous, gastro-intestinal, genito-urinary, endocrine systems?			
Is there evidence of disabling disease affecting vision, hearing or speech?			
Is there evidence of disabling metabolic disease?			
Is there evidence of infectious disease in a communicable stage?			
Is there evidence of drug dependency including alcoholism?			
Is there evidence of any other disabling disease?			

On the basis of my medical examination, (date) _____, the above named individual is free from disabling disease, except as noted above, which I believe unfits the individual to instruct, in the position for which I believe unfits the individual to instruct, in the position for which application is being made, or to associate with children.

_____ / _____
Signature of Physician Date

_____ / _____
Name of Physician (print) License #

To be returned by the examining Physician directly to the school district or county office requesting the examination.

TO: Physician
FROM: _____
School District

_____
Address

RE: _____
Applicant

_____
Position

_____
Functions

_____

_____

Please return directly to school office.

CERTIFICATE OF MEDICAL EXAMINATION OF APPLICANTS FOR FIRST EMPLOYMENT IN A CALIFORNIA SCHOOL DISTRICT OR COUNTY SUPERINTENDENT OF SCHOOLS OFFICE

Summary of Legal Provisions (Education Code 13257.5)

A medical certificate, in a form prescribed by the State Board of Education, showing that a person employed for the first time in a California School District or County Superintendent of Schools Office in a position requiring certification qualifications, is free from any disabling disease unfitting the applicant to instruct or associate with children is required. The Education Code also provides that:

The medical certificate shall be submitted directly to the governing board or County Superintendent by a physician and surgeon licensed under the Business and Professions Code.

The medical examination shall have been conducted not more than six months before the submission of the certificate.

The pre-employment medical examination shall be at the expense of the applicant.

The medical certification shall become a part of the personnel record of the employee and shall be open to the employee or his designee.

TO: Physician			
SCHOOL DISTRICT:			
DISTRICT ADDRESS:	Street:	City:	Zip Code:
APPLICANT:	Last Name:	First Name:	Middle Name:
ADDRESS:	Street:	City:	Zip Code
POSITION:			
FUNCTIONS:			

To be returned by the examining Physician directly to the school district or county office requesting the examination.

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