

INDIAN RIVER SCHOOL DISTRICT

"A Model of Excellence"



Mark L. Steele
Superintendent

HEALTH & TB CERTIFICATE

Name of Person Receiving Physical: _____

Address: _____

DOB: _____

This is to certify that _____ has been examined and is known by me to be free of any physical defects or emotional instability that would interfere with his/her success as an employee, substitute, coach, or volunteer of the Indian River School District.

Examining Doctor Signature: _____

Name of Examining Doctor: (Please Print) _____

Address of Examining Doctor: _____

Phone Number of Examining Doctor: _____

Date of Physical: _____

TB TEST RESULTS

Date Given: _____

Date Read: _____

Read By: _____

Title: _____

Results: _____

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The Indian River School District is an Equal Opportunity Employer and does not discriminate or deny services on the basis of race, color, national origin, sex, disability, or age in its programs and activities.